
**Emergency Medication Management Plan**

**Midazolam (Zyamis Prefilled Syringe)**

(only to be administered by a trained person)

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| Midazolam – Zyamis Management Plan for: text |

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| Date of Birth: text |  | Date of plan: text | Weight: text |

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| Administration method: BUCCAL  |

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| 1. **FIRST DOSE** Midazolam (Zyamis)
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| **First dose prefilled syringe =** [ ]  **5mg/0.5ml (Blue)** [ ]  **7.5mg/0.75ml (Purple)** [ ]  **10mg/1ml (Orange)** |

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| **For single seizures:** |
| [ ] As soon as a text *(seizure type)* begins |
| [ ] If the text*(seizure type)* continues longer than text mins text hrs |
| Special instructions: text |
| **For clusters of seizures:** |
| [ ]  When text *(number*)text (seizure type) occurs within text mins text hrs |
| [ ]  Other *(please specify):* text  |
| Special instructions: text |

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| 1. **SECOND DOSE** Midazolam (Zyamis)
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| **Second dose prefilled syringe =**[ ]  **5mg/0.5ml (Blue)** [ ]  **7.5mg/0.75ml (Purple)** [ ]  **10mg/1ml (Orange)** |

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| [ ]  Not prescribed OR |
| [ ]  If the text *(seizure type*) continues for another text mins following the first dose |
| [ ]  When another text *(number*) text (seizure type) occur/s within text mins text hrs following the |
|  first dose |
| [ ]  Other *(please specify):* text |
| Special instructions: text  |

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| 1. **Maximum number of Midazolam doses to be given in a 24-hour period**
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|  Maximum number: text |

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| **4. Dial 000 to call the ambulance:** |

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|  [ ] Prior to administering Midazolam[ ]  Immediately after administering Midazolam[ ]  If the seizure has not stopped text minutes after giving the midazolam[ ]  If injured or has difficulty with breathing [ ]  Other (please specify): text |

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| 1. **Describe what to do after Midazolam has been administered:**
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* Continue to provide seizure first aid, keeping me safe from injury. Continue to time and monitor the seizure.
* If possible, keep me on my side to protect my airway. If this is not possible, turn my head to the side.
* It in a wheelchair or car seat, leave me seated and continue to support my head and protect my airway.
* Document time Midazolam was given, when ambulance called and when seizure activity stops.
* Stay with me and monitor:
* For shallow or slow breathing, change of facial colour
* Other: text

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| 1. **Prescribing medical practitioner**
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| Name of medical practitioner: text |

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| Telephone: text | Date: text |
| Signature: text |

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| 1. **Storage and family special instructions**
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Recommended MIDAZOLAM storage information:

* Keep out of reach of children
* Protect from light (stored in container provided) and store at room temperature

(below 25°C)

* Regularly check the expiry date.

*Any special instructions e.g. storage of medication, when on outings etc. or people to contact if emergency medication is given*: text

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| Emergency contact name: text  |

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| Relationship: text | Telephone: text |

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| Signature: text | Date: text |



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