CareVille
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Buccal Midazolam Policy

CM07

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; A = Accountable; C = Consulted; I = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users including the proper and safe management of medicines.

Key Lines of Enquiry

KLOE	How this applies to Administration of an Enema or a Suppository
Safe	Ensuring that medication is provided safely and as prescribed promotes the overall safety of the service.
Caring	Ensuring that the dignity of the service user is maintained at all times supports the delivery of a caring service.

Related Documents

This policy should be read in conjunction with our:

- CM17 - Dignity and Respect Policy
- HS12 - Hand Washing Policy
- HS01 - Health and Safety Policy
- CM25 - Medication Administration Policy
- HR23 - Training, Development and Qualifications Policy

Policy Statement

Policy Aims

This policy provides a plan for the safe prescription and administration of buccal midazolam for status epilepticus in Careville Ltd.

There is a higher prevalence of epilepsy in people with learning disabilities than the general population and chronic epilepsy is more likely to occur in people with a learning disability that the general population.

Most seizures stop within 5 minutes, there is risk of evolving into status epilepticus if a seizure lasts longer than 5 minutes. There is an increased mortality rate the longer the duration of status epilepticus and early treatment in the premonitory stage reduces morbidity and mortality.

Definitions

Status epilepticus- is seizures occurring continuously or reoccurring for at least 30 minutes. Buccal applies to the area between the lower gums and the inner cheek of either side of the mouth.

Key Question: Why use Buccal Midazolam?

Buccal midazolam provides an alternative treatment to rectal diazepam; it is more socially acceptable and convenient than the rectal route.

Midazolam is unlicensed for use this way but there is evidence that it is effective and well tolerated in the acute treatment of seizures.

Midazolam is a short acting benzodiazepine thought to increase GABA which is the main inhibitory neurotransmitter in the brain.

Duties

All professionals involved in the prescribing and administering of buccal midazolam should be aware of this policy their responsibilities.

Regional Service Manager Responsibilities

To arrange for assessment of the suitability of service user for buccal midazolam by a General Practitioner or other suitably qualified healthcare practitioner

To inform the service user and carer that midazolam is unlicensed for buccal administration and is a controlled drug.

To inform the service user of potential side effects

To assess the efficiency of the treatment. Arrange date, time and place for initial and annual refresher training.

Qualified Nurse Responsibilities

To maintain their knowledge in relation to epilepsy awareness.

Write the service user's individual treatment plan in conjunction with the service user and family carer.

To assess and monitor the service user's response to treatment. To monitor and review the treatment plan and evaluate its effectiveness.

To maintain accurate and detailed records. Arrange an annual refresher on the safe administration of buccal midazolam.

Midazolam is a controlled drug and should be stored, dispensed and administered in line with the Medication Administration Policy. To follow normal procedures to ensure safe drug administration.

Individual Seizure Management Plan

Buccal midazolam must be prescribed on a named service user basis only on the agreed prescription sheet by a doctor.

The service user's epilepsy must be reviewed by a General Practitioner or other suitably qualified healthcare practitioner who will determine the appropriateness of the Service User for buccal midazolam and the dose required.

The doctor prescribing buccal midazolam will explain to the carers and service user that midazolam is not licensed for Buccal use.

The service user must have apersonalised rescue managementprotocol including:

- Name of individual
- Seizure classification/description
- When buccal midazolam should be administered
- How much is to be given
- What is the usual effect
- Time interval for repeated dose
- Maximum amount of midazolam in 24-hour period
- When emergency services should be requested
- Other people who need to be contacted/informed
- Plan review date
- The efficacy and use of midazolam will be recorded and monitored by nursing staff and reviewed by a General Practitioner or other suitably qualified healthcare practitioner.

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Key Question: Will I receive any training on how to administer Buccal Midazolam?

All staff administering buccal midazolam must attend in house training every 2 years.

Training can be given by a nurse who has attended a recognised training course such as the Epilepsy in LD Module or similar or has extended knowledge and experience in relation to epilepsy and buccal midazolam.

It is the responsibility of the individual's line manager to determine the suitability of qualified staff to administer buccal midazolam.

It is the responsibility of the nurse to arrange training and refresher training every 2 years.

The person administering midazolam must be up to date with mandatory CPR and immediate life support training.

Administration

- Administration must be consistent with the individual epilepsy management plan.
- Midazolam should not normally be administered until the seizure has lasted more than 5 minutes but some patients known to suffer prolonged seizures may be given buccal midazolam immediately or even at the first indicative sign of seizure onset, the individuals rescue management plan and care plan will specify this.

- The usual dose for an adult is 10mg, doses for younger people will be different and should be checked before prescribing.
- Half of the prescribed dose is administered to each side of the buccal cavity between the gum and the lower cheeks.
- If this is not possible then the entire dose is administered to the buccal cavity on one side of the mouth.
- If there is no beneficial effect apparent after 10 minutes then another dose of 10mg should be administered if stated in the individual protocol.
- If both doses have been administered and seizures continue an ambulance must be requested as a third dose can only be administered in hospital due to possibility of respiratory depression.
- A third dose must not be administered sooner than 6-hours after the second dose.

Method of Administration

- Check the dosage of buccal midazolam against the prescription sheet. Hold the bottle upright.
- Remove the cap.
- Put on disposable gloves.
- Insert the tip of the oral dispenser into the plastic bottle adaptor.
- Hold the bottle and the oral dispenser securely and turn the bottle upside down. Pull the plunger out slowly to the prescribed amount.
- Turn the bottle upright and remove the dispenser. Reapply the cap immediately.
- Insert the dispenser gently into the buccal cavity of the mouth. Administer half the prescribed dose and remove the dispenser.
- Administer the other half into the buccal cavity on the other side of the mouth.
- If this is not possible, administer the whole dose to the buccal cavity on one side of the mouth. If there is no change in the person's condition after approximately 10 minutes another dose may be administered but must always be in accordance with the plan and prescription.
- If there is still no change in the person's condition emergency ambulance must be requested.

After Administration

- Maintain close observation after administration and monitor the person's breathing.
- The service user may experience prolonged sedation and ataxia (poor co-ordination and unsteadiness) so ideally the service user should remain supine for at least an hour after administration and appropriate levels of observation maintained (at least 20 minutes following end of the seizure).
- All equipment must be disposed of safely, in line with our clinical waste policy.
- Relatives/carers must be informed at the earliest, appropriate opportunity that buccal midazolam has been administered.
- The nurse administering midazolam must complete all appropriate documentation including completion of an incident form.

- The frequency of administration must be brought to the attention of the prescribing clinician and reviewed.

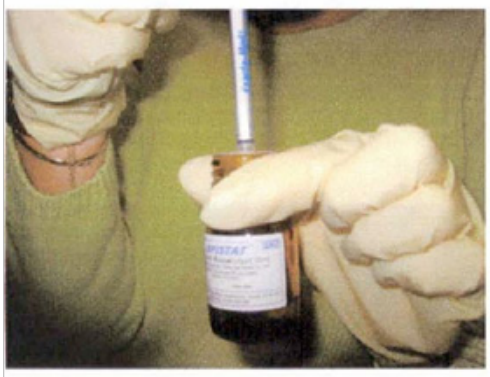
Key Question: How should Midazolam be stored and disposed of?

- Midazolam must be stored upright at 15-25°c.
- The cap must be replaced immediately to prevent the liquid evaporating.
- The pack must be discarded if the solution is not clear or there is evidence of white particles in the liquid.
- Midazolam is a controlled drug and should be stored, dispensed and administered and disposed of in line with Medication Administration Policy.

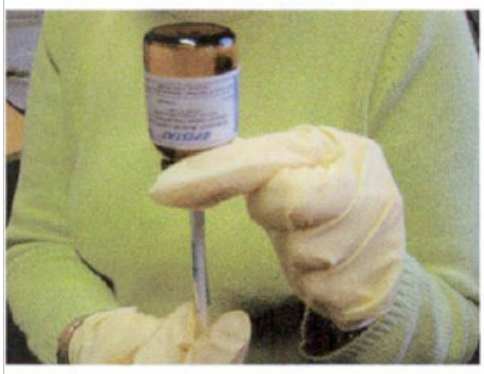
HOW TO ADMINISTER INTRA BUCCAL MIDAZOLAM (EPISTAT)

(Between teeth and gum)

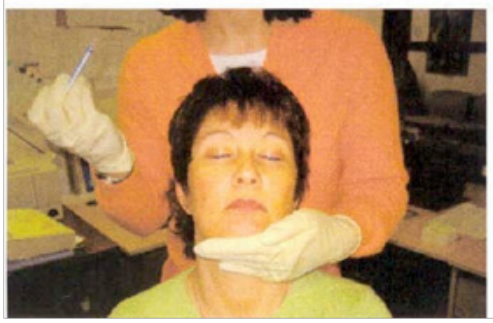
Wearing rubber gloves: -



1. Open the bottle by pressing down on the lid. Insert the syringe firmly into the bung on the top of the bottle, with the plunger pressed to the bottom of the syringe.

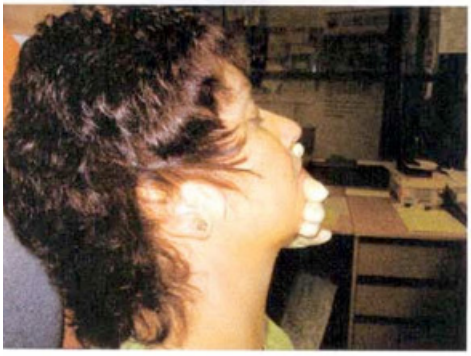


2. Supporting the bottle, tip the bottle upside down and slowly pull the plunger on the syringe, until you have withdrawn the prescribed amount.

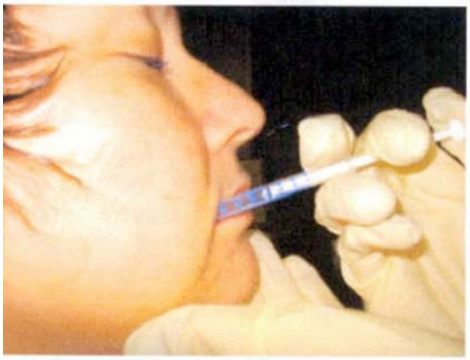


3. If the person has no head support on their chair, support their head by standing behind them holding their chin. Be careful not to press on their throat.

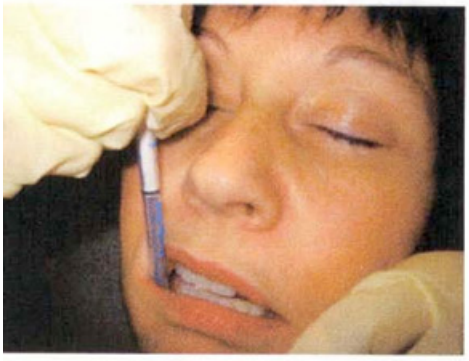
4. If the person has head support, hold their chin to keep their head steady.



5. Gently open the person's mouth by holding their chin and gently applying downward pressure on their lower lip.



6. Insert the syringe horizontally into the back of their mouth, between the gum and their teeth.



7. To locate the buccal cavity, gently tilt the syringe upwards and very slowly administer half the liquid. Then repeat the process in the opposite cavity.

Place the person in the recovery position, if appropriate.

Key Points to Take Away

- Buccal midazolam provides an alternative treatment to rectal diazepam; it is more socially acceptable and convenient than the rectal route.
- Buccal midazolam must be prescribed on a named service user basis only on the agreed prescription sheet by a doctor
- All staff administering buccal midazolam must attend in house training every 2 years
- Midazolam is a controlled drug and should be stored, dispensed and administered and disposed of in line with Medication Administration Policy.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director