MMG002 GUIDELINES FOR EMERGENCY RESCUE MEDICATION IN THE TREATMENT OF PROLONGED CONVULSIVE OR REPEATED CONVULSIVE SEIZURES AND CONVULSIVE STATUS EPILEPTICUS FOR ADULTS AND CHILDREN BY NHS AND NON NHS STAFF
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Why we need this Guideline
Convulsive Status epilepticus is a condition characterised by convulsive seizure (or fit) which lasts for more than 5 minutes, or when convulsive seizures occur one after the other with no recovery between. If a seizure continues for 5 minutes or more than 5 minutes, it may not stop and may continue unless rapid treatment is given. Status epilepticus can occur in any type of seizure.

When status epilepticus occurs in convulsive seizures it is a medical emergency and needs urgent treatment.

Most epileptic seizures stop of their own accord and do not need medical attention. However, if a convulsive seizure continues for 5 minutes or more, or there is more than one convulsive seizure without full recovery within 5 minutes it is a medical emergency.

Convulsive seizures that last 30 minutes or longer can cause neuronal injury or neuronal death.

In the UK and Ireland there has been a greater emphasis on personalised care in the community and increasingly lay carers are being asked to respond to prolonged convulsive seizures that have the potential to develop into status epilepticus. Access to community based services can be restricted if appropriately trained staff are not available.

Organisations and individuals requiring training in the administration of emergency medication, however, have met with very patchy provision and a lack of clarity in what training is required and who should provide it. NICE Clinical Guideline Epilepsies: diagnosis and management CG137 (Feb 2016; last updated Oct 2019) would strongly recommend that training sessions include epilepsy awareness, health and safety issues, emergency rescue medication administration and demonstrations.

What the Guideline is trying to do
The purpose of this Guideline is to give guidance to staff/carers on the use of emergency rescue medication for the treatment of prolonged convulsive seizures and convulsive status epilepticus. Currently this includes the use of either buccal midazolam or rectal diazepam. Which stakeholders have been involved in the creation of this Guideline Medicines Management Committee.

Any required definitions/explanations
NHFT – Northamptonshire Healthcare NHS Foundation Trust

Key duties
Medicines Management Committee
Will approve and review these guidelines

Medical Director
Is responsible for the dissemination of this guideline to their Clinical Directors and Clinical Tutors
Clinical Directors
Are responsible for the dissemination and implementation of the guideline in their service areas

Heads of Service
Are responsible for the dissemination and implementation of the guideline in their service areas

Prescribers
Are responsible for

Prescribing emergency rescue medication

Completing the relevant parts of the individualised care plan for either buccal Midazolam or rectal Diazepam as appropriate

Ward/unit managers
Are responsible for ensuring that where patients who will require either buccal midazolam or rectal diazepam are cared for within their ward or units that suitably trained staff are available to administer the medication

Staff administering emergency rescue medication
Staff must only administer emergency rescue medication following appropriate training

Guideline detail

Buccal Midazolam (Oromucosal Midazolam)
Midazolam is now the NICE recommended drug of choice for emergency treatment for prolonged convulsive seizures/convulsive status epilepticus (for a convulsive seizure that lasts for 5 minutes or longer than 5 minutes) in children, young people and adults with epilepsy. NICE also recommends buccal Midazolam as drug of choice for repeated/serial seizures i.e. if 3 or more convulsive seizures occur within an hour. Midazolam is a water-soluble, short-acting, benzodiazepine and can be easily administered into the buccal cavity (between the lower gums and cheeks). When Midazolam is administered against the buccal cavity or nasal mucosa, it reduces the risk of a prolonged convulsive seizure or prolonged convulsive seizures developing into status epilepticus.

The rationale for the use of buccal Midazolam rather than rectal Diazepam is for a number of reasons.

The mouth and the rectum have similar surface areas and pH, have rich blood supplies and absorption is directly into the systemic circulation, which avoids high first pass metabolism. A pharmacokinetic study in healthy adult volunteers showed that Buccal Midazolam is quickly absorbed into the venous blood and has a rapid effect on the central nervous system (Scott, 1998).

Buccal midazolam is available as an oro-mucosal solution (Buccolam®) in prefilled syringes. On 21 October, 2011 the emergency medicine, Buccolam®, made by ViroPharma, was given European approval for treating long-lasting seizures. Buccolam® is licensed for use in children
and young people between the ages of three months and 18 years. Buccolam® comes in four strengths of ready-filled syringes, each suitable for different age groups.

Several factors should be considered when transferring patients to the authorised Buccolam product when a medicine other than Buccolam has been used previously. Buccolam is half the strength of some other preparations. It contains the hydrochloride salt, whereas some other preparations contain the maleate salt of midazolam. Although there is some suggestion that the maleate salt may be better absorbed in the buccal cavity, there are adequate studies with midazolam hydrochloride to support the dosing schedule authorised for Buccolam. A hospital paediatric unit has published its experience of transferring patients to licensed Buccolam (see S Tomlin, The Pharmaceutical Journal 2011; 287: 161). Buccal Midazolam is unlicensed for adults.

Epistatus now has a licence for the treatment of prolonged convulsive seizure/convulsive status epilepticus in children and adolescents aged 10 years to below 18 years.

Both patients and carers are consulted and in agreement with this treatment. The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

The advantages of Buccal Midazolam

- Dignified and socially acceptable route of administration
- Rapid absorption into the blood stream.
- Usually effective within 2 – 5 minutes.
- Does not accumulate within the body.
- Excessive sedation not a problem.
- Half-life of approximately 2 hours.
- Can be administered without having to lay the person down.


The disadvantages of Buccal Midazolam

Some brands of buccal midazolam remain unlicensed in certain age groups.

Concerns over safe storage of the drug.

Side effects of Buccal Midazolam

The most common reported side effect is drowsiness; in some cases this may be severe. All patients receiving Midazolam are likely to be drowsy for several hours after administration.

Agitation, restlessness and disorientation have been reported, although these are rare. As for any medicine, all suspected adverse reaction should be reported to the MHRA.

Other side effects can be decreased consciousness and vomiting.

Statement on Buccal Midazolam

It is recognised that the administration of buccal Midazolam for the control of prolonged or continuous seizures is an effective treatment which can be lifesaving. Given promptly this
relatively simple procedure can prevent the major disruption to daily life resulting from hospital emergency treatment. (NICE, 2016 Clinical Guideline 137)

However it should also be recognised that although Midazolam is a licensed drug and there is now a Buccal Midazolam product licensed for the treatment of prolonged acute seizures in children and young people up to the age of eighteen, its use in adults is as yet unlicensed.

When an epilepsy care team has prescribed buccal Midazolam there should be no unreasonable barrier to its use.

**Rectal Diazepam**
The administration of rectal Diazepam for the control of prolonged or continuous seizures or repeated/serial seizures is an effective treatment which can be life-saving. It should be readily available when required. It should only be used if preferred by patient or when Midazolam is not available.

Given promptly, this relatively simple procedure can prevent major disruption to daily life resulting from hospital emergency treatment.

When an epilepsy care team has prescribed rectal Diazepam there should be no unreasonable barrier to its use.

**Treating Prolonged Seizures and Convulsive Status Epilepticus in the Community**
Early treatment of seizures in the community can prevent convulsive status epilepticus and hospitalisation. Buccal Midazolam or rectal Diazepam can be the treatment for seizures lasting 5 minutes or longer than 5 minutes, or for 3 or more convulsive seizures within an hour, or as stated on the care plan, to prevent convulsive status epilepticus.

Service users have individual care plans for either buccal midazolam or rectal diazepam (Appendix 1 & 2).

Care plans include the following information:

- Name of child/adult
- Seizure classification
- Usual duration of a seizure
- Emergency medication treatment plan (prescribed medication, when to give it, initial dose, usual reaction)
- Difficulties in administration
- Can a second dose be given?
- When is a person’s doctor consulted?
- When should 999 be dialled for emergency?
- Who should witness administration of emergency medication?
- Who/where needs to be informed
- Insurance cover in place
- Precautions
- Doctor’s signature and signature and name of authorised persons to administer.
Give immediate emergency care and treatment to children, young people and adults who have prolonged (lasting 5 minutes or more than 5 minutes) or repeated (three or more in an hour) convulsive seizures in the community.

Administer Buccal Midazolam as first-line treatment in children, young people and adults with prolonged or repeated seizures in the community. Administer rectal Diazepam if preferred or if Buccal Midazolam is not available.

The administration of buccal Midazolam is considered to be a less invasive procedure than the administration of rectal Diazepam. The issues of privacy and dignity are less compromised and in situations where it is not acceptable or convenient to use rectal Diazepam, buccal Midazolam is an effective alternative. However, children, young people and adults with a history of prolonged or continuous seizures should be prescribed either buccal Midazolam or rectal Diazepam. They are not interchangeable.

Buccal Midazolam or rectal diazepam must be prescribed by a medical practitioner or nurse independent prescriber. Clear guidelines in the form of an individual epilepsy care plan stating all the relevant details, such as when to administer and the dosage to use, should include the named people who are authorised to carry out this procedure.

It is the employer’s responsibility to ensure that named individuals who are willing to administer emergency medication are trained and up-to-date in the administration of buccal Midazolam and rectal diazepam (see Appendix 3 for details).

Treatment should be administered by trained clinical personnel or, if specified by an individually agreed protocol drawn up with the specialist, by family members or carers with appropriate training.

Care must be taken to secure the child’s, young person’s or adult’s airway and assess his or her respiratory and cardiac function.

Depending on response to treatment, the person’s situation and any personalised care plan, call an ambulance, particularly if:

- The convulsive seizure is continuing 5 minutes after the first dose of emergency medication has been administered
- The person has a history of frequent episodes of serial seizures or if this is the first episode of prolonged/repeated seizure; or requiring emergency treatment or has convulsive status epilepticus or
- There are concerns or difficulties monitoring the person’s airway, breathing, circulation or other vital signs. (NICE CG137 2016)

**Guidelines for Prescribers of Buccal Midazolam**
Buccal Midazolam should only be prescribed to those patients/service users (including children) who have received a Benzodiazepine previously without any idiosyncratic/adverse reaction.
It is the prescriber’s responsibility to ensure the Individual Care Plan (blue) is completed up to “authorised person(s) trained to administer Buccal Midazolam”. This should be completed in the presence of the service user and parent/guardian/relative/carer.

It is the prescriber’s responsibility to make the GP aware of the need to monitor the use of buccal Midazolam. For this reason, buccal Midazolam should not be available on a repeat prescription without review.

All service users (including children) prescribed buccal Midazolam must have a completed Individual Care Plan (blue) (appendix 1).

On the prescription write buccal Midazolam, strength, number of boxes to be dispensed and “refer to Individual Care Plan”.

The prescribers should inform the specialist nurse OR Community team for people with learning disability (CTPLD) nurse of the prescription so the carer can access training.

It is the responsibility of all to ensure that Section 10 is completed and the section “authorised person(s) training to administer Buccal Midazolam” following training, along with forwarding copies to GP, Consultant and included in other appropriate health records (e.g. care home or school)

In Paediatrics a second dose is not usually prescribed

Please refer to the current BNF for advice on dose and prescribing

**Midazolam is a Schedule 3 controlled drug (CD) but it is exempt from the safe custody regulations. (NICE 2016)**

Midazolam prescription must contain the following information: dose, form, strength, total quantity or dosage units in words and figures. The brand name should be specified. Prescriptions are only valid for 28 days from date of signing.

**Training requirements associated with this Guideline**

**Mandatory Training**
There is no mandatory training associated with this Guideline.

**Specific Training not covered by Mandatory Training**
Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description. Anyone administering emergency rescue medication for prolonged seizures or for status epilepticus must have undergone appropriate training (see Appendix 3 for details of training package facilitated by LD nursing team)

**How this Guideline will be monitored for compliance and effectiveness**
The table below outlines the Trusts’ monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.
<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
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<tbody>
<tr>
<td>Individualised care plans for rescue medication are in place and completed and individuals named as authorised to administer have undergone appropriate training authorised</td>
<td>Audit of a sample of 20 patients records</td>
<td>Lead Consultant Psychiatrist/Community nurse within Learning Disabilities</td>
<td>Once every 2 years</td>
<td>MMC</td>
<td>MMC</td>
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Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.

**Equality considerations**
See MMP001 Control of Medicines Policy.

**Reference Guide**

Epilepsy Nurses Association (ESNA) (June 2019) Best practice guidelines for training professional carers in the administration of buccal (oromucosal) midazolam for the treatment of prolonged and/or clusters of epileptic seizures in the community


NICE guidelines Epilepsies: diagnosis and management Clinical guideline [CG137] Prolonged or repeated seizures and convulsive status epilepticus Published date: January 2012 Last updated: October 2019 www.nice.org.uk/Guidance/cg137


### Document control details

**Author:**
Dr Prem Rai, consultant Psychiatrist (Editor, 2019)

**Approved by and date:**
26.01.20

**Responsible committee:**
Medicines Management Committee

**Any other linked Policies:**
MMMP001- Control of Medicines Policy

**Guideline number:**
MMG002

**Version control:**
2.0

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<th>Version No.</th>
<th>Date Ratified/ Amended</th>
<th>Date of Implementation</th>
<th>Next Review Date</th>
<th>Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)</th>
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<tbody>
<tr>
<td>1.0</td>
<td>16.01.18</td>
<td>16.01.18</td>
<td>31.01.20</td>
<td>Review</td>
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<tr>
<td>2.0</td>
<td>21.01.20</td>
<td>21.01.20</td>
<td>31.01.23</td>
<td>Review; new national training guidelines for buccal midazolam</td>
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**APPENDIX 1 – JOINT EPILEPSY COUNCIL BUCCAL MIDAZOLAM CARE PLAN**

**Individual Care Plan**

**JOINT EPILEPSY COUNCIL BUCCAL MIDAZOLAM CARE PLAN IN CONFIDENCE**

**GUIDELINES FOR ADMINISTRATION OF BUCCAL MIDAZOLAM IN EPILEPSY AND FEBRILE CONVULSIONS NON-MEDICAL/NON-NURSING STAFF.**

**INDIVIDUAL CARE PLAN TO BE COMPETED BY OR IN CONSULTATION WITH THE PRESCRIBING HEALTH PRACTITIONER (please use language appropriate to the lay person)**

<table>
<thead>
<tr>
<th>NAME OF CHILD/ADULT</th>
<th>DATE OF BIRTH</th>
<th>PRESCRIBING WEIGHT</th>
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<tr>
<td>SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE BUCCAL MIDAZOLAM</td>
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<td>(Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re. triggers, recovery time etc.)</td>
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<td>3</td>
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**USUAL DURATION OF SEIZURE**

1. 

2. 

3. 

**USUAL DURATION OF SEIZURE**
OTHER USEFUL INFORMATION:
(e.g. allergies, triggers for seizures, warning signs that seizures may occur etc.)

MIDAZOLAM TREATMENT PLAN

1. **WHEN SHOULD BUCCAL MIDAZOLAM BE ADMINISTERED?**
   (Note here should include whether it is after a certain length of time or number of seizures)

2. **INITIAL DOSAGE: HOW MUCH BUCCAL MIDAZOLAM IS GIVEN INITIALLY?**
   (Note recommended number of milligrams for this person)

3. **WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM?**

4. **IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF BUCCAL MIDAZOLAM (E.G. EXCESSIVE SALIVATION), WHAT ACTION SHOULD BE TAKEN?**

5. **CAN A SECOND DOSE OF BUCCAL MIDAZOLAM BE GIVEN? YES/NO**
   HOW MUCH BUCCAL MIDAZOLAM IS GIVEN AS A SECOND DOSE? (State number of milligrams to be given and how many times this can be done after how long)
   (There is an increased risk of respiratory depression when more than 2 doses of benzodiazepine are given. It is therefore recommended that one dose is given and that an ambulance is called if the initial dose is not effective, as more benzodiazepine may be required in hospital, and that community staff receive training in respiratory rescue).

6. **WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP? (Please tick appropriate box). IF THE FULL PRESCRIBED DOSE OF MIDAZOLAM FAILS TO CONTROL THE SEIZURE**
   AFTER ........... MINUTES (please record as appropriate)
   OTHER (please give details)
### 7. WHO SHOULD WITNESS THE ADMINISTRATION OF BUCCAL MIDAZOLAM?

### 8. WHO/WHERE NEEDS TO BE INFORMED?

**PRESCRIBING DOCTOR**

-------------------------------  Tel:  -------------------------------

**PARENT/GUARDIAN**

-------------------------------  Tel:  -------------------------------

**OTHER**

-------------------------------  Tel:  -------------------------------

### 9. FOR CARE/MEDICAL STAFF: IS INSURANCE COVER IN PLACE? YES/NO

### 10. PRECAUTIONS - UNDER WHAT CIRCUMSTANCES SHOULD BUCCAL MIDAZOLAM NOT BE USED (eg other medication already administered within the last ........... minutes).

### 11. MAXIMUM DOSE OF MIDAZOLAM TO BE ADMINISTERED IN A 24 HOUR PERIOD

**ALL OCCASIONS WHEN BUCCAL MIDAZOLAM IS ADMINISTERED MUST BE RECORDED**

**THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:**

**PRESCRIBING MEDICAL PRACTITIONER:**

(Block Capitals)  

Signature:  

Date:  

**AUTHORISED PERSON(S) TRAINED TO ADMINISTER BUCCAL MIDAZOLAM:**

<table>
<thead>
<tr>
<th>NAME (BLOCK CAPITALS)</th>
<th>Signature:</th>
<th>Date:</th>
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</table>
| **PERSON WITH EPILEPSY / PARENT / GUARDIAN:**  
| (BLOCK CAPITALS) | Signature:  
| Date:  
| **EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER BUCCAL MIDAZOLAM:**  
| (BLOCK CAPITALS) | Signature:  
| Date:  
| **HEAD OF SCHOOL/UNIT:**  
| (BLOCK CAPITALS) | Signature:  
| Date:  

This form should be available for examination at every medical review of the patient

COPIES TO BE HELD BY:………………………………………………………………………………………………

DATE FOR REVIEW OF PLAN:…………………………………………………………………………………………

COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES BY:…………………………………………………………

Local sources of information and support are available from the JEC Chief Executive Sharon Wood – 
PO Box 186, LEEDS, LS20 9WY ● Telephone 01943 871852
<table>
<thead>
<tr>
<th><strong>Date of Seizure</strong></th>
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<tr>
<td><strong>Time of Seizure</strong></td>
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<td><strong>Recorded By</strong></td>
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<td><strong>Type of Seizure</strong></td>
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<tr>
<td><strong>Length and/or Number of Seizures</strong></td>
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<td><strong>Initial Dosage</strong></td>
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<tr>
<td><strong>Outcome</strong></td>
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<tr>
<td><strong>Second Dosage (If Any)</strong></td>
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<tr>
<td><strong>Outcome</strong></td>
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<tr>
<td><strong>Dosages Administered by</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Observations</strong></td>
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<tr>
<td><strong>Was an ambulance called?</strong></td>
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<tr>
<td><strong>Parent / Guardian Informed</strong></td>
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<tr>
<td><strong>Prescribing Medical Practitioner Informed</strong></td>
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<tr>
<td><strong>Other Information</strong></td>
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</tr>
<tr>
<td><strong>Witness</strong></td>
<td></td>
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<tr>
<td><strong>Re-order Buccal Midazolam</strong></td>
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<tr>
<td><strong>Name of Person Re-ordering</strong></td>
<td></td>
<td></td>
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<td><strong>Date</strong></td>
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</tbody>
</table>
APPENDIX 2 - JOINT EPILEPSY COUNCIL RECTAL DIAZAPAM CARE PLAN

Individual Care Plan

JOINT EPILEPSY COUNCIL RECTAL DIAZAPAM CARE PLAN
IN CONFIDENCE

GUIDELINES FOR THE ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL/NON-NURSING STAFF.

INDIVIDUAL CARE PLAN TO BE COMPLETED BY, OR IN CONSULTATION WITH, THE MEDICAL PRACTITIONER (please use language appropriate to the lay person)

Rectal Diazepam Care Plan

GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL/NON-NURSING STAFF.

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH THE MEDICAL PRACTITIONER (please use language appropriate to the lay person)

<table>
<thead>
<tr>
<th>NAME OF CHILD/ADULT:</th>
<th>AGE:</th>
</tr>
</thead>
</table>

SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM (Record all details of seizures, e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

i. ..............................................................................................................................................................
   ..............................................................................................................................................................
   ..............................................................................................................................................................

USUAL DURATION OF SEIZURE? ....................................................................................................................

ii. ..............................................................................................................................................................
   ..............................................................................................................................................................

USUAL DURATION OF SEIZURE? ....................................................................................................................

OTHER USEFUL INFORMATION: ...................................................................................................................
## DIAZEPAM treatment plan

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED?  (Note here should include whether it is after a certain length of time or number of seizures)</td>
</tr>
<tr>
<td>2</td>
<td>INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM IS GIVEN INITIALLY?  (Note recommended number of milligrams for this person)</td>
</tr>
<tr>
<td>3</td>
<td>WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM?</td>
</tr>
<tr>
<td>4</td>
<td>IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM (E.G. CONSTIPATION/DIARRHOEA), WHAT ACTION SHOULD BE TAKEN?</td>
</tr>
<tr>
<td>5</td>
<td>CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN?  YES/NO  AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN?  (State the time to have elapsed before re-administration takes place)  HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE?  (State number of milligrams to be given and how many times this can be done after how long)</td>
</tr>
<tr>
<td>6</td>
<td>WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED?</td>
</tr>
<tr>
<td>7</td>
<td>WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP?  (Please tick appropriate box)  IF THE FULL PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SEIZURE  OTHER (please give details)</td>
</tr>
<tr>
<td>8</td>
<td>WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM?  (e.g. another member of staff of the same sex)</td>
</tr>
<tr>
<td>9</td>
<td>WHO/WHERE NEEDS TO BE INFORMED?</td>
</tr>
</tbody>
</table>
PRESCRIBING DOCTOR

a) ................................................................. Tel: ..................................................

PARENT/GUARDIAN

b) ................................................................. Tel: ..................................................

OTHER

c) ................................................................. Tel: ..................................................

10. INSURANCE COVER IN PLACE? YES/NO

11. PRECAUTIONS UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED e.g. Oral Diazepam already administered within the last ........... minutes.

ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED MUST BE RECORDED

(See overleaf)

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

PRESCRIBING DOCTOR .................................................................

(Block Capitals)

Signature: .............................................. Date: ..............................................

AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

NAME (BLOCK CAPITALS): .............................. Signature: ............... Date: ............... 

CLIENT/PARENT/GUARDIAN

(Block Capitals): .............................. Signature: ............... Date: ............... 

EMPLOYER OF THE PERSON(S) AUTHORIZED TOADMINISTER RECTAL DIAZEPAM (BLOCK CAPITALS)

 ............................................................. Signature: ............... Date: ............... 

HEAD OF SCHOOL/UNIT
<table>
<thead>
<tr>
<th>BLOCK CAPITALS</th>
<th>Signature</th>
<th>Date</th>
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</thead>
</table>

THIS FORM SHOULD BE AVAILABLE FOR REVIEW AT EVERY MEDICAL REVIEW OF THE PATIENT

COPIES TO BE HELD BY: 

EXPIRY DATE OF THIS FORM: 

COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES BY: 

Local sources of information and support are available from the JEC General Secretary:

Sharon Harvey

PO Box 186
Leeds LS20 8NH
<table>
<thead>
<tr>
<th>DATE</th>
<th>RECORD BY:</th>
<th>TYPE OF SEIZURE:</th>
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<tr>
<td>LENGTH AND/OR NUMBER OF SEIZURES:</td>
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<td>OUTCOME:</td>
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<td>SECOND DOSAGE (IF ANY):</td>
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<tr>
<td>NAME OF PERSON REORDERING:</td>
<td></td>
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<td>DATE:</td>
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APPENDIX 3 - EPILEPSY TRAINING PACKAGE
This training package was devised by a group of epilepsy specialist nurses and community learning disability nurses.

Guideline on Trainer Competency
The following is intended for purchasers of training and provides a guideline as to who should be considered competent to deliver a training course on the administration of Buccal Midazolam and rectal Diazepam. This guideline reflects the expected underpinning knowledge of their trainer, their experience of using the procedure themselves and their understanding of the issues for non-medical staff who will carry out this procedure in the future.

It is recommended that trainers:

a) Should be suitably trained in administering Buccal Midazolam and rectal Diazepam with relevant practical experience.

b) Have a nursing/medical qualification and/or a minimum of 2 years’ experience of working with people who have epilepsy, to include the practical administration of rectal Diazepam.

c) Have a minimum of one year’s experience in delivering training/facilitation courses to adult students or evidence of teaching skills. Suggested qualifications: ENB 998: Teaching and Assessing in Clinical Practice or Facilitating Learning in Practice (FLIP course), City & Guilds 7303/4/5, Post Graduate Certificate in Education (PCGE) or any other relevant adult teaching certificate.

d) Can demonstrate that they keep their knowledge and experience up to date by attending training courses, seminars and conferences on epilepsy as appropriate and at least annually.

Trainers have a responsibility to provide accurate up-to-date information and to teach a procedure which is generally regarded as good practice.

Core Components of a Buccal Midazolam and Rectal Diazepam Training Course
Epilepsy awareness
The administration of Buccal Midazolam and rectal Diazepam
Health and safety issues
Opportunity for discussion

It is recommended that a minimum of 2 – 3 hours education (dependent on group size) is required to cover all components.

a) Epilepsy awareness
What is epilepsy?
Causes
How a diagnosis is made
Types of seizures (with reference to current classification of the International League against Epilepsy)
Treatment with anti-epileptic medication and side effects
First aid
status epilepticus
psychosocial issues for people with epilepsy, including cultural issues
sources of information and support for people with epilepsy, their families and carers

b) The administration of Buccal Midazolam
what Midazolam is
its uses for epilepsy
indications for the use of Midazolam
different routes of delivery and appropriate doses when given buccally
the benefits of Buccal Midazolam
practical demonstration using video and/or volunteer
possible difficulties in administrations (e.g. excessive salivation, injury to mouth etc)
consequences of too much Midazolam being given, and how this can be identified
appropriate action to be planned in case of an overdose
action if Midazolam is ineffective

c) The administration of rectal Diazepam
what Diazepam is
its uses for epilepsy and other conditions
indications for the use of Diazepam
different routes of delivery and appropriate doses when given rectally
the benefits of rectal Diazepam
practical demonstration using video and/or anatomical model
possible difficulties in administration (e.g. Constipation, inability to bend person
during tonic phase (stiffening)
consequences of too much Diazepam being given, and how this can be identified
appropriate action to be planned in case of an overdose
action if Diazepam is ineffective

d) Health and Safety Issues
risk assessment
the individual care plan
secure storage and safe disposal
duty of care issues
legal responsibilities of teachers, carers etc
awareness of local policies on the administration of rectal Diazepam

Assessment of Learning
There are recognised difficulties associated with assessing the knowledge and skills of participants who undergo training in administration of Buccal Midazolam and rectal Diazepam. Most training providers will be unable to assess participants as they carry out this procedure in their day to day work, as this is a procedure used in an emergency which cannot be predicted.

An employer organisation should consider assessment important and good practice recommends the following options are fulfilled as far as possible.
For Buccal Midazolam Training
a) During the course a training provider checks that learning is taking place, supervising the participant and demonstrating how to administer the medication.
b) Following the course a training provider or work based assessor assesses the participant using a questionnaire.

For Rectal Diazepam Training
a) Most training providers will be unable to assess participants as they carry out this procedure in their day to day work. It is therefore recommended that certificates of competence should not be considered essential, but that certificates of attendance are acceptable and should be issued where the trainer is satisfied that learning has taken place.
b) Following the course a training provider or work based assessor assesses the participant using a questionnaire

Record of Use
a) Emergency medication, e.g. Midazolam or Diazepam is prescribed by the GP (usually following advice from the consultant paediatrician, neurologist or consultant learning disability psychiatrist). The medication dose and frequency is written in the care plan and signed by a doctor
b) all potential carers of service users who require emergency Midazolam or Diazepam treatment must have undertaken and satisfactorily completed Midazolam or and Diazepam training by identified trainers within the Trust.

Recommendation on Re-Training
It is recognised that the administration of Buccal Midazolam /rectal Diazepam is an emergency treatment which may or may not be used on a regular basis.

The frequency which individuals use the procedure will have an effect on their level of skill and confidence.

IT IS RECOMMENDED THEREFORE THAT NAMED INDIVIDUALS ATTEND A REFRESHER COURSE WITHIN TWO YEARS.