

# A guide to the administration of

## Buccal Midazolam (*Epistatus*®)

### for parents / carers



Adapted from Epilepsy Service, Archery House, Kent & Medway NHS & Social Care Partnership Trust

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## What is Midazolam?

The use of Buccal Midazolam (in place of Rectal Diazepam) has been reported in the literature to prevent Status Epilepticus.

Midazolam as a buccal preparation is unlicensed.

Midazolam is a drug known as a benzodiazepine. It has been prescribed for the child to reduce the duration of an epileptic seizure and to try and prevent status epilepticus. Outside of the hospital setting, the most effective and socially acceptable way of giving this drug to treat a seizure is buccally (between the lower gum



and cheek).

Midazolam is available under the brand name *Epistatus*®.

Remember to talk to the child about this medication in a way they understand.

The doctor will arrange for you to be given a demonstration and opportunity to practice how to give Buccal Midazolam when it is prescribed.

## What is Status Epilepticus?

Status epilepticus is a condition characterized by a seizure (convulsion or fit), or a series of seizures that lasts for 30 minutes or more, without complete recovery of consciousness in between.

## When is Midazolam given?

Before you give Midazolam there are some important checks to make;

- 1) Is the child having a seizure?
- 2) Have they had this type of seizure before?
- 3) Make sure they are safe while you call for help and get their Midazolam pack to them and that you are safe while you help them.

***Never try and move anyone having a seizure unless they could be in further danger for example the risks associated with water, fire and electricity.***

- 4) Check you have the child's agreed individual seizure care plan.

It will state the:

- ❖ Right medication
- ❖ Right dose
- ❖ Right route
- ❖ Circumstances and timing for when to give Midazolam.

- 5) Check the medication has not expired.
- 6) Remember to put on gloves.

***Never give any medication if you are not trained and confident to do so.***

Always call 999 for further medical assistance if in doubt, or if the child has sustained an injury or the medication has not worked in the timescale indicated and keep the them safe while you are waiting for paramedics to arrive.

## How to administer Buccal Midazolam



Try to **STAY CALM**.  
Buccal Midazolam (Epistatus) is supplied in a bottle containing 5 mls of medicine with a safety lid and 4 syringes of 1 ml capacity. The extra 1 ml is to cover for spills or leaks that may occur during the drawing up of the medicine from the bottle.



Wearing gloves open the bottle by pressing down on the lid and twisting it in an anti-clockwise direction. Insert one of the syringes firmly into the opening (bung) on the top of the bottle, with the plunger of the syringe pressed fully in.



Holding the bottle firmly, turn it upside-down and slowly pull back on the plunger of the syringe to withdraw the prescribed amount of medicine. Replace the lid on the bottle to avoid accidental spillage and evaporation.

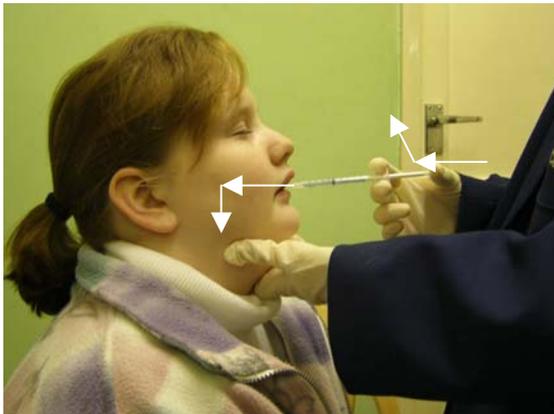


If the child has no head support, you can support their head by standing behind them and gently holding their chin. Take care not to press accidentally on their throat.



Open the mouth gently by holding the chin and applying gentle downward pressure to the lower lip with your thumb. Wipe away any excess saliva etc. (there is no need to part the teeth)

If the child is on the ground, gently hold the chin to keep the head steady



Insert the syringe horizontally into the mouth between the lower gum and the cheek on one side

To locate the buccal cavity, gently tilt the syringe downwards and slowly squeeze half of the medicine into the buccal cavity.



Repeat the same procedure on the other side.

If it is too difficult, or the patient is on the ground then it is OK to give all the medicine to one side (the lower side if they are on the ground). Gently hold the lips together for a minute or so prevent leakage

## **PLACE THE CHILD IN THE RECOVERY POSITION AS SOON AS YOU ARE SAFELY ABLE TO DO SO**

- ❖ Continue to monitor the child's to make sure they are recovering and breathing well
- ❖ A side effect of giving Midazolam is reduced rate and effort of breathing. If this happens dial 999
- ❖ Make a record of the date, time and dose of medication given; and also what you observed during the seizure. This will help the doctor to monitor how the child's epilepsy is progressing
- ❖ The child is likely to:
  - feel sleepy, confused, disorientated and anxious
  - Experience short term memory loss, and they may not remember having an epileptic seizure. They should be allowed to rest somewhere comfortable and remember to
- ❖ Talk to them reassuringly about what has happened, where they are and that you are keeping them safe.
- ❖ **Do not leave the child or give food and drink until they are fully recovered. They may be at an increased risk of choking.**
- ❖ an effect on breathing is very unlikely to occur if Midazolam is used in the
- ❖ Dose prescribed. If breathing difficulties do occur, seek medical assistance
- ❖ immediately
- ❖ Inform the parents/ caregiver that the child has had a seizure requiring intervention and administration of Buccal Midazolam
  
- ❖ Remember to dispose of the used syringe and gloves safely

## Important information you should know

- ❖ Keep medicines in a safe place.
- ❖ Keep Midazolam at room temperature, away from bright light or Direct sunlight and away from heat.
- ❖ Do not store Midazolam in a fridge.
- ❖ You may not be using Midazolam regularly, so please check the expiry date at the beginning of each term; and that the liquid has not gone milky.
- ❖ Further bottles can be requested from the child's parents/carers.
- ❖ All empty or expired medication bottles should be returned to parent / carer for disposal.
- ❖ Replace the cap immediately after use to prevent evaporation of The product.

*The patient/client may also have been prescribed rectal diazepam for epileptic seizures in the past.*

*It is important to remember that **either Buccal Midazolam or rectal diazepam should be given, not both.***

Please make a note of the contact details for people you may need to discuss any queries or concerns about epilepsy;

- Neurologist / Paediatrician
  - Epilepsy Specialist Nurse
  - Health visitor
  - School Nurse/ Outreach Nurse
  - Special Needs Nurse
  - GP
  - Parents
  - Carers
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## References

Great Ormond Street Hospital (2004) Buccal Midazolam Fact sheet

[www.ich.ucl.ac.uk/factsheets](http://www.ich.ucl.ac.uk/factsheets)

Dekyem P and Pocha M (2005)

Bedford Hospital NHS Trust. Clinical Guidelines for treatment of prolonged seizures in children with Buccal Midazolam

Epilepsy Service, Archery House, Kent & Medway NHS & Social Care Partnership Trust

Great Ormond Street Hospital (2004) Buccal Midazolam Fact sheet

[www.ich.ucl.ac.uk/factsheets](http://www.ich.ucl.ac.uk/factsheets)

Mehta K (2005)

British National Formulary for Children BMJ Publishing Group Ltd

### Support Groups

British Epilepsy Association

[www.epilepsy.org.uk](http://www.epilepsy.org.uk) Help line: 0808 800 5050

National Society for Epilepsy

[www.epilepsynse.org.uk](http://www.epilepsynse.org.uk) Telephone: 01494 601300 Help line: 01494 601400

Contact a family

[www.cafamily.org.uk](http://www.cafamily.org.uk) Telephone: 020 7608 8700 Help line: 0808 808 3555

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