

Emergency Medication Management Plan Midazolam

Attach this document to your Epilepsy Management Plan if midazolam is prescribed

This Emergency Plan should be completed by the prescribing doctor in consultation with the person and/or their family or carer. It must be attached to their epilepsy management plan which has been signed by their doctor.

1. DATE _____ 2. DATE TO REVIEW _____

3. NAME _____ DATE OF BIRTH _____

4. DRUG NAME _____

Method of administration Intranasal Buccal

5. First dose

First dose = _____ mg _____ ml

For single seizures:

As soon as a _____ (seizure type) seizure begins

If the _____ (seizure type) continues longer than _____ minutes

For clusters of seizures:

When _____ (number and type of) seizures have occurred in _____ mins/hrs

Other (please specify) _____

6. Second dose

Second dose = _____ mg _____ ml

Not prescribed

OR

If the _____ seizure continues for another _____ minutes following the first dose

If another _____ seizure occurs within _____ mins/hrs following the first dose

Other (please specify, including when to administer in relation to the first dose)

7. Total number of midazolam administrations authorised to be given in a 24-hour period = _____

8. Describe what to do after midazolam has been administered:

9. DIAL 000 to call the ambulance if:

- It is the first time the person is administered midazolam
- If the seizure has not stopped after _____ minutes after giving the midazolam
- Other (please specify) _____

10. Prescribing doctor or specialist

NAME OF DOCTOR _____

SIGNATURE _____

DATE _____

PHONE _____

11. Family/carers to complete

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

NAME _____

RELATIONSHIP _____

SIGNATURE _____

DATE _____

PHONE _____

EMAIL _____

For more information
The Epilepsy Centre SA & NT
phone 1300 850 081 or 1300 852 853
fax (08) 8448 5609
web www.epilepsycentre.org.au