

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

1. NAME DATE OF BIRTH
2. DRUG NAME

Method of administration Intranasal

# First dose

Buccal

Emergency Medication Management Plan – Midazolam

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)

# 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)

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

1

7

1. Describe what to do after midazolam has been administered:
2. 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)

# Prescribing doctor or specialist

NAME OF DOCTOR

SIGNATURE DATE

PHONE

# 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

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