PROCEDURE
Midazolam administration

| Scope (Staff): | Community health staff |
| Scope (Area): | CAHS-CH, WACHS |

This document should be read in conjunction with this DISCLAIMER

Aim
To administer prescribed medication for the emergency management of epileptic seizures.

Risk
Failure to adhere to this policy may result in medication errors and possible harm to the client.

Background
Midazolam is a water-soluble, short acting benzodiazepine used in the emergency treatment of prolonged seizures. It is classified as a Restricted Schedule 4 drug and is available by prescription only.

Midazolam may be given for a seizure lasting longer than 5 minutes, or as directed by the client’s doctor.

Any client requiring Midazolam for seizures should have a Client health care plan clearly outlining the administration requirements of this medication.

Key Points
- All nurses administering medications are required to complete Medication Safety eLearning in accordance with their relevant frameworks;
  - Child and Adolescent Community Health Practice Framework – Community Health Nurse (School).
  - WACHS Nursing Learning Framework.
- Community health nurses must follow the organisation’s overarching infection prevention and management policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- The dose and route (buccal or intranasal) to administer must be prescribed and written in the Client health care plan. The Client’s health care plan should be signed by a medical practitioner or accompanied with a neurologist care plan.
- Maximum dose of Midazolam to be given in a 24 hour period should be noted on the Client health care plan. As per the Medication Management ESS policy nurses must take into consideration that a dose may have been given prior to arrival at
school. Verbal clarification may need to be obtained from the parent/caregiver prior to administration to ensure that Midazolam is given in line with the recommended drug/dose frequency.

- **Formulation:** 5mg/1mL plastic ampoule (approximately 20 drops).
- **Plastic, twist top ampoules of Midazolam are labelled ‘for slow IV or IM injection’, but are suitable for buccal and intranasal use.**
- **It is highly recommended not to use glass ampoules of Midazolam. Refer to Medication Management ESS for further information if glass ampoules are supplied.**
- **Midazolam must be stored at room temperature, below 25°C and protected from light.** Store in a locked cupboard, inaccessible to clients.
- **When the sealed pack of Midazolam is opened (and therefore exposed to light), record this date on the pack and dispose of any remaining contents 8 months after this.**
- **Once the seal is broken on the ampoule it must be used immediately or discarded safely.**
- **Ensure the remaining unused ampoules in the pack are protected from light (i.e. wrapped in original foil package and/or in aluminium foil).**

**Equipment**

- Midazolam plastic ampoule 5mg/1mL.
- Mucosal Atomisation Device (MAD) – if stated in care plan.
- Syringe if required.
- Ampoule opener (optional)
- Filter needle (for glass ampoules only).

**Procedure**

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<th>Additional Information</th>
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<td><strong>1. Prepare to administer medication</strong></td>
<td><strong>Midazolam for buccal/intranasal administration comes in a plastic ampoule with a twist top.</strong></td>
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<td>- Check client identity.</td>
<td><strong>Store a syringe (if required) with the client’s Midazolam, along with the Client health care plan.</strong></td>
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<td>- Refer to Client’s health care plan for information on dosage and route of administration.</td>
<td><strong>Discard any remaining Midazolam.</strong></td>
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<td>- Open the plastic ampoule by twisting off the top.</td>
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<td>- Expel appropriate number of drops prior to administration if dosage is less than the full ampoule or draw up appropriate dose in syringe.</td>
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| **1.1 Buccal administration**             | - Insert the ampoule/syringe between the inside of the lower cheek and the gum and gently squeeze the ampoule.  
   - Administer approximately half the dose on each side of the mouth. |
|                                           | - It is recognised that in some emergency situations, unilateral administration may be undertaken.  
   - Discard any unused Midazolam.                                                                 |
| **1.2 Intranasal administration**         | - Insert 1mL syringe into plastic ampoule and withdraw prescribed dosage.  
   - Attach the mucosal atomiser device (MAD) to the syringe.  
   - Insert the MAD loosely into the client’s nostril and depress the plunger to give half the prescribed dose.  
   - Repeat the procedure in the opposite nostril. |
|                                           | - The MAD device fits on the 1mL syringe, dispersing a mist in the nostrils to aid the spread of Midazolam across the mucosa.  
   - In accordance with PCH pharmacy guidelines intranasal administration of Midazolam could occur directly from the Midazolam plastic ampoule or via a MAD.  
   - Discard any unused Midazolam.                                                                 |
| **2. Observation**                        | - Place client on their side when seizure activity ceases.  
   - Stay with the client and continuously observe airway, breathing, circulation (ABC).  
   - Visual observation should be undertaken by an allocated person until the individual returns to a pre-sedation state.  
   - Observe for side effects. |
|                                           | - Common side effects of Midazolam include; drowsiness, headache, weakness, altered mood (giggly, hyperactivity), disorientation, confusion and altered balance.  
   - Very rarely, breathing may become shallow and slower.  
   - **Individual in a wheelchair:**  
     1. Leave client in wheelchair with seatbelt fastened and brakes on.  
     2. Recline backrest – **DO NOT tilt** chair.  
     3. Lean client to one side to facilitate drainage of oral contents (e.g. food, vomit, saliva) as required.  
     4. Maintain open airway.  
     5. It may or may not be appropriate to remove the client from the chair at the end of the seizure. This will depend on your assessment of the safety issues involved both for you and the client. |
| **3. Ambulance considerations**           | - Call an ambulance:  
   - as stated in the Client’s health |
### Steps

- Care plan or,
  - if clinical judgement indicates.
- Complete clinical handover using the iSoBAR tool if a client is transported by ambulance.
- Inform the principal as soon as possible if an ambulance is called.

### Additional Information

#### 4. Communication

- Inform parent/caregiver.

### Documentation

Community health nurses will document relevant findings according to CAHS-CH and WACHS processes.

Document events, decisions and actions accurately in the progress notes.

Record Midazolam administration as per *Medication Management in Education Support Schools* policy.

### References


### Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the HealthPoint link, Internet link or for WACHS staff in the **WACHS Policy** link.

- Acuity tool
- Clinical Handover - Nursing
- Student health care plans

The following documents can be accessed in the **CAHS-CH Operational Manual**.
Abbreviations

Blood and Body Fluid Exposure Management

Client Identification

Deterioration in Health Status - Unexpected and Acute

Exposures to Blood and Body Fluids

Hand Hygiene

Health / Medical Record Documentation

Home and Community Visits

Infection Control manual

Latex Minimisation

Medication Management in Education Support Schools

Standard and Transmission Base Precautions

The following documents can be accessed in the [CAHS Policy Manual](#)

Medication Monographs PCH: Midazolam - Paediatric

The following documents can be accessed in [WACHS Policy](#)

The following documents can be accessed in the [Department of Health Policy Frameworks](#)

Clinical Handover Policy ([MP0095](#))

Clinical Incident Management Policy ([MP 0122/19](#))

### Related CAHS-CH forms

The following forms can be accessed from the [CAHS-Community Health Forms](#) page on HealthPoint

- Community Health Acuity Tool (CHS070)
- Clinical Handover/Referral Form (CHS663)
- Clinical Handover/Referral Form – Electronic (CHS663E)
- Clinical Handover/Referral Form envelope (CHS663-1)
- Community Health Progress Notes (CHS800C)
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