

SCOTTISH PAEDIATRIC EPILEPSY NETWORK (SPEN)

in collaboration with QUARRIERS

How to administer Midazolam by the buccal and nasal route

This leaflet was developed in conjunction with the How to Administer Buccal Midazolam video. It is intended to support the instructions given to parents / carers. Scan the QR code to watch the video.



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Midazolam for Prolonged Seizures

Midazolam is used for prolonged seizures or sometimes for repeated seizures where there is a short time in between them. Everyone who has midazolam should have an individual seizure management plan or protocol which will state exactly when and how much should be given for that person.



How to give Midazolam

Check that the dose on the syringe or bottle is the same as on the individual seizure management plan or protocol and check the expiry date.

Turn the person on their side where possible, so that saliva can drain away.

If the person is sitting in a wheelchair or other upright position it can sometimes be easier to support them in that position to give this medicine. How to do this is explained later. Note the time the seizure started.

There are two ways to give midazolam to stop seizures

- 1. dripped slowly into the side of the mouth between the lower teeth and cheek (buccally)
- 2. dripped slowly into the nose (nasally)

If the person has retained a level of awareness while in a seizure the midazolam may be swallowed or run out, in this case consider nasal administration.

1. Into the side of the mouth

The easiest way to give midazolam is into the cheek nearest the ground.

Slide the syringe between the lower teeth and the cheek and slowly drip the midazolam in.

If seated and the head is upright, slide the syringe between the lower teeth and the cheek and slowly drip half the midazolam into one cheek and half into the other. Some children and adults will be on a smaller dose and the midazolam can be administered into one cheek.

Note the time you have given the midazolam and use the persons individual seizure management plan or protocol to see what action to take next.







2. Into the nose

Midazolam is given into the nostrils if:

- there is a lot of saliva
- where it is likely that the person may spit midazolam out due to their level of awareness
- if the person is swallowing the midazolam
- if there has been injury to the mouth in a fall

When you are ready to give the midazolam, turn the person onto their back, slide some cushioning (e.g. cushion, pillow rolled up jacket etc) under the neck and shoulders to allow the head to tilt slightly back. Drip the midazolam slowly into each nostril alternating between left and right.







Always:

- stay with the person until they have fully recovered
- note the time you have given the midazolam and use the persons individual seizure management plan/guideline/ protocol to see what action to take next
- document what has happened so that you can share this information with the epilepsy team

Midazolam medicines

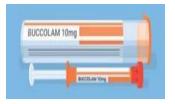
There are 3 types of midazolam preparations available



1. 10mg/1ml prefilled syringe

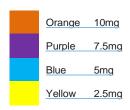


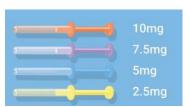
10mg/1ml multidose bottle



10mg/2ml prefilled syringe

All the pre-filled preparations are available in smaller doses and are colour coded:





Prefilled syringes are easier to use, but for some people a bottle is better to get individual doses. This medicine (Midazolam) is used to stop the seizure(s) quickly – within 10 minutes of it being given. Midazolam given in this way works quickly because it gets straight into the blood stream through the lining of the cheek or nose, it then quickly travels to the brain.

Disposal of Equipment

It is not necessary to dispose of the used syringes in a sharps bin. Used syringes can be safety disposed of in general waste.

Storage:

Midazolam should be stored in a safe but accessible place away from direct sunlight, store below 25 degrees. Expiry dates vary depending on the product used. Always check the manufacturers instruction about this

If using a bottle of Midazolam, you may have more medicine than syringes. Syringes can be washed in warm soapy water, rinsed, left to dry naturally, and replaced in the box.

Contact your local epilepsy nurse, doctor or other specialist if you require further help and advice.

SPEN

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This document has been prepared by NHS National Services Scotland (NSS) on behalf of SPEN. Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. The SPEN Network is a collaboration of stakeholders involved in care of patients with epilepsy, who are supported by an NSS Programme Team to drive improvement across the care pathway.

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