



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.¹ It is classified as a Restricted Schedule 4 drug and is available by prescription only.²

Midazolam may be given for a seizure lasting longer than 5 minutes, or as directed by the client's doctor.³

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.^{3, 4}
- 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.³ 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

Steps	Additional Information
<p>1. Prepare to administer medication</p> <ul style="list-style-type: none"> • Check client identity. • Refer to Client's health care plan for information on dosage and route of administration. • Open the plastic ampoule by twisting off the top. • Expel appropriate number of drops prior to administration if dosage is less than the full ampoule³ or draw up appropriate dose in syringe. 	<ul style="list-style-type: none"> • Midazolam for buccal/intranasal administration comes in a plastic ampoule with a twist top. • Store a syringe (if required) with the client's Midazolam, along with the Client health care plan. • Discard any remaining Midazolam.

Steps	Additional Information
<p>1.1 Buccal administration</p> <ul style="list-style-type: none"> • Insert the ampoule/syringe between the inside of the lower cheek and the gum and gently squeeze the ampoule.³ • Administer approximately half the dose on each side of the mouth. 	<ul style="list-style-type: none"> • It is recognised that in some emergency situations, unilateral administration may be undertaken. • Discard any unused Midazolam.
<p>1.2 Intranasal administration</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.⁵ • Discard any unused Midazolam.
<p>2. Observation</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Common side effects of Midazolam include; drowsiness, headache, weakness, altered mood (giggly, hyperactivity), disorientation, confusion and altered balance.^{3,4} • Very rarely, breathing may become shallow and slower.³ <p>Individual in a wheelchair:</p> <ol style="list-style-type: none"> 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.⁶
<p>3. Ambulance considerations</p> <ul style="list-style-type: none"> • Call an ambulance: <ul style="list-style-type: none"> ○ as stated in the Client's health 	

Steps	Additional Information
care plan or, <ul style="list-style-type: none"> ○ 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. 	
4. Communication <ul style="list-style-type: none"> • 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

1. Smith R, Brown J. Midazolam for status epilepticus. New South Wales: NPS Medicinewise; 2017.
2. NPS Medicinewise. Consumer Information Midazolam New South Wales: NPS Medicinewise; 2019 [Consumer Medicine Information]. Available from: <https://www.nps.org.au/medicine-finder/midazolam-alphapharm-solution-for-injection>.
3. Perth Children's Hospital. Buccal Midazolam. Fact sheet. Perth, Western Australia: Child and Adolescent Health Service; 2019.
4. Royal Children's Hospital. Midazolam for seizures. Fact sheet. Melbourne: Royal Children's Hospital 2018.
5. Perth Children's Hospital. Midazolam, In Medication Management Manual. In: Child and Adolescent Health Service, editor. Perth: Government of Western Australia; 2018.
6. Epilepsy Action Australia. First Aid for Seizures - Person in wheelchair poster. epilepsy.org.au2017.

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)

Medication administration (CHS414 – CAHS only)
Record of Medication Received/Discarded/Requested for Education Support Students (CHS428)

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Community health staff
Acuity
Child and Adolescent Community Health Practice Framework - Community Health Nurse (School)
Consumers
Buccal Midazolam Health Facts sheet

Related external resources
DOE Student Health Care
Epilepsy WA

This document can be made available in alternative formats on request for a person with a disability.

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