

Emergency Medication Management Plan Guide



Attach this document to your Epilepsy/Seizure Management Plan. This Emergency Plan should be completed and signed by the prescribing doctor in consultation with the person and/or their family or carer. It is recommended that this plan be reviewed and signed by the person's doctor annually.

Emergency Medication Management Plan
Midazolam
 (only to be administered by a trained person)

Epilepsy Smart Australia

Name: _____

Date of birth: _____ **Weight:** _____

Administration method:
 BUCCAL INTRANASAL with atomiser INTRANASAL Drop ANY METHOD

1. FIRST DOSE Midazolam (5mg/1ml plastic ampoule)

First dose = _____ mg which is _____ ml

For single seizures:

As soon as a _____ (seizure type) begins

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

Special instructions: _____

For clusters of seizures:

When _____ (number) _____ (seizure type) occur/s within _____ mins _____ hrs

Other (please specify): _____

Special instructions: _____

2. SECOND DOSE Midazolam (5mg/1ml plastic ampoule)

Second dose = _____ mg which is _____ ml

Not prescribed
 OR

If the _____ (seizure type) continues for another _____ mins following the first dose

When another _____ (number) _____ (seizure type) occur/s within _____ mins _____ hrs following the first dose

Other (please specify): _____

Special instructions: _____

3. Maximum number of Midazolam doses to be given in a 24-hour period

Maximum number: _____

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Prescriber to complete:

- **Date of Plan**
Document date plan completed.
- **Date of Birth**
Ensure the person's full name and date of birth is correct.
- **Weight**
Document person's current weight.
- **Administration method**
The preferred route of administration from the options available.

1. Give first dose

- You must write out the first dose of the emergency medication in full e.g. 5mg in 1ml
- For single seizures: select the preferred option by ticking the appropriate box. You must state for which seizure the medication is to be given e.g. tonic clonic and when it should be given e.g. if the seizure continues for 5 minutes or longer.
- For clusters of seizures: it must be specified how many seizures are to have occurred before the first dose is administered or write other specific instructions.

2. Give second dose

- If a second dose is authorised write out the second dose of emergency medication in full e.g. 5mg in 1ml. Be specific about for which seizure type and at what time the dose is to be given in relation to the first dose.

3. Specify number of emergency medication doses in a 24 hour period

- Specify how many doses can be given in a 24-hour period. This section is often overlooked but is very important. Maintaining seizure and medication records is vital, especially when people on emergency medication orders move from home to school or day placement and back again or when staff change shifts.

When someone is prescribed an emergency medication by the treating doctor for their epilepsy this information should be contained in an Emergency Medication Management Plan (EMMP). The plan should be completed by the doctor who provides the epilepsy medical management or prescribes the medication. The Epilepsy Foundation has plans which can be accessed via www.epinet.org.au.

This EMMP should be attached to the person's Epilepsy Management Plan. This document forms the basis of client specific training in the administration of the emergency medication for epilepsy by the Epilepsy Foundation. You can locate your local epilepsy organization to arrange training by telephoning 1300 852 853.

4. Dial 000 to call the ambulance:

Prior to administering Midazolam
 Immediately after administering Midazolam
 If the seizure has not stopped minutes after giving the Midazolam
 If injured or has difficulty with breathing
 Other (please specify):

5. Describe what to do after Midazolam has been administered:

- Continue to provide seizure first aid, keeping me safe from injury.
- Continue to time and monitor the seizure.
- If possible, keep me on my side to protect my airway. If this is not possible, turn my head to the side.
- If I'm in a wheelchair or car seat, leave me seated and continue to support my head and protect my airway.
- Document time Midazolam was given, when ambulance called and when seizure activity stops.
- Stay with me and monitor:
 - For shallow or slow breathing, change of facial colour
 - Other:

6. Prescribing doctor or specialist

Name of doctor: _____

Telephone: _____ Date: _____

Doctor's Signature: insert jpeg here

7. Storage and family special instructions

Recommended MIDAZOLAM storage information:


- Keep out of reach of children
- Protect from light (wrapped in foil) and store at room temperature (below 25°C)
- Regularly check the expiry date.

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




Emergency contact name: _____ Relationship: _____

Email: _____ Telephone: _____ Date: _____

Signature: insert jpeg here



National Epilepsy Support Service
1300 761 487
Website epilepsysmart.org.au Email support@epilepsysmart.org.au
 Hours Monday to Saturday 9.00am – 7.00pm (AEST)

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4. Call an ambulance

- Clearly indicate when to call an ambulance by selecting the appropriate option and or write specific instructions when selecting "other".

5. Describe what to do after emergency medication has been administered

- This information will be very specific to the person with epilepsy and the way they usually recover from their seizures. It is helpful if the doctor can specify how long it is necessary to supervise someone after they have been given an emergency medication for epilepsy.

6. Describe what to do after emergency medication has been administered

- Ensure this section is signed and dated by the prescribing doctor. It is also useful to include a contact telephone number to be used if any of the doctor's instructions need clarifying.
- It is recommended that the EMMP is updated yearly.

7. Family/Carers to complete

- Include other specific instructions in this section e.g. information about storage and safe transporting of medication outside the home (use an insulation pack in hot weather), for outings, school camps or people to contact if the emergency medication has been administered. It is also helpful if the family member or support person who has the greatest involvement with the person's epilepsy completes this section with their name, signature, date and relationship to the person with epilepsy.

Other considerations about emergency medications

- Are there any workplace, school or health care agency policies in relation to administering an emergency medication for epilepsy?
- Who is responsible for ensuring the plan is completed and regularly reviewed?
- Who checks the expiry date of the medication?
- Who is responsible for ensuring the person has a current script for the emergency medication and an ongoing supply?
- Who has a copy of the plan and where is it located?
- Where is the emergency medication stored? List all locations.
- Remember to record the date/time/dose of all emergency medication administered.