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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)

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) occurs 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) occurs 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: _____

Client Name DOB: _____

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 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

Doctor's name:	Telephone:
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Signature:

Date:

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:	Telephone:

Signature:

Date:

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Client Name DOB: