A picture containing drawing

Description automatically generated

**Buccal Midazolam Administration**

This document is uncontrolled when downloaded or printed.

Copyright © Care4Quality Ltd. All rights reserved.

|  |  |
| --- | --- |
| Reference Number | **REGCP24** |
| Version | 1 |
| Author | D Martin |
| Owned by: |  |
| Date ratified: |  |
| Ratified by:  (Signed) |  |
| Issue Date |  |
| Review Date  (Signed) |  |
| Target Audience | Registered Managers, Registered Nurses, Care Team |

|  |  |
| --- | --- |
| **1** | **Purpose & Application** |
| **2** | **Responsibilities** |
| **3** | **Legislation & Regulation** |
| **4** | **Buccal Midazolam Administration: Policy & Procedure** |
| **5** | **Equality Impact Assessment** |

**Contents**

1. **Purpose & Application**

This policy has been developed to provide guidance and information about how administer buccal midazolam

**Buccal Midazolam**

**Advantages and side effects**

**Buccal midazolam administration**

**Record keeping**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have had training and a competency assessment in the administration of Buccal Midazolam.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills, and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety, and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Buccal Midazolam Administration**: **Policy & Procedure**

**Buccal Midazolam**

Midazolam is now the NICE recommended drug of choice for emergency treatment for

prolonged convulsive seizures/convulsive status epilepticus (for a convulsive seizure that

lasts for 5 minutes or longer than 5 minutes) in children, young people, and adults with

epilepsy. NICE also recommends Buccal Midazolam as drug of choice for repeated/serial

seizures, i.e., if 3 or more convulsive seizures occur within an hour. Midazolam is a water soluble, short-acting, benzodiazepine and can be easily administered into the buccal cavity

(between the lower gums and cheeks). When Midazolam is administered against the buccal

cavity or nasal mucosa, it reduces the risk of a prolonged convulsive seizure or prolonged

convulsive seizures developing into status epilepticus.

**It is the employer’s responsibility to ensure that individuals who administer emergency medication are trained and up to date in the administration of Buccal Midazolam.**

**The Advantages** **of Buccal Midazolam**

* Dignified and socially acceptable route of administration,
* Rapid absorption into the blood stream,
* Usually effective within 2 – 5 minutes,
* Does not accumulate within the body,
* Excessive sedation not a problem,
* Half-life of approximately 2 hours and can be administered without having to lay the person down.

**Side effects of Buccal Midazolam**

The most common reported side effect is drowsiness; in some cases, this may be severe. All

patients receiving Midazolam are likely to be drowsy for several hours after administration.

Agitation, restlessness, and disorientation have been reported, although these are rare. Other side effects can be decreased consciousness and vomiting.

Service users must have individual care plans for Buccal Midazolam and must include:

* Name of person,
* Seizure classification,
* Usual duration of a seizure,
* Emergency medication treatment (Rescue Medication) plan (prescribed medication, when to give it, initial dose, usual reaction), any known difficulties in administration and can a second dose be given,
* When is a person’s doctor consulted,
* When should 999 be dialed for emergency,
* Who should witness administration of emergency medication,
* Who/where needs to be informed, any precautions to be aware of,
* Doctor’s signature and name of authorised persons to administer.

Treatment should be administered by trained clinical personnel or, if specified, by an

individually agreed protocol drawn up with the specialist, by family members or carers with

appropriate training. This is relevant when the person leaves the premises and is out in the community.

**Administration of Buccal Midazolam**

Ensure that the medication is prepared and administered as rescue medication, following the principles of safe preparation - e.g., checking the label, the medicine, and the care plan - where applicable, are correct for the individual.

The correct administration technique must be followed. Most GPs are now prescribing pre-filled syringes for ease of use and to take with the person when they go out.

|  |  |
| --- | --- |
| https://www.medicines.org.uk/emc/images/spc~25538~4~107379B.GIF | Pull the red cap off the tip of the syringe and dispose of it safely. |
| https://www.medicines.org.uk/emc/images/spc~25538~4~107379C.GIF | Using the finger and thumb, gently pinch and pull back the patient’s cheek. Put the tip of the syringe into the back of the space between the inside of the cheek and the lower gum. |

|  |  |
| --- | --- |
| https://www.medicines.org.uk/emc/images/spc~25538~4~107379D.GIF | Slowly press the syringe plunger until the plunger stops.  The full amount of solution should be inserted slowly into the space between the gum and the cheek (buccal cavity).  If necessary (for larger volumes and/or smaller patients), approximately half the dose should be given slowly into one side of the mouth, then the other half given slowly into the other side. |

Care must be taken to secure the airway and assess for respiratory and cardiac function.

***Depending on response to treatment, the person’s situation, and any personalised care plan,***

***call an ambulance, particularly if:***

* ***The convulsive seizure is continuing 5 minutes after the first dose of rescue medication has been administered,***
* ***The person has a history of frequent episodes of serial seizures,***
* ***This is the first episode of prolonged/repeated seizure,***
* ***They are requiring emergency treatment,***
* ***They have convulsive status epilepticus, or***
* ***There are concerns or difficulties monitoring the person’s airway, breathing, circulation or other vital signs.***

**Record Keeping**

It is important that a detailed care plan is available to support accurate staff guidance around the individual’s experience and epileptic presentation. What is normal activity and what is abnormal, when action needs to be taken and the information must be specific. A record is to be kept for all seizures. These must include description of the seizure(s), e.g., goes stiff, cries out, falls, arms make violent jerking movements, convulses down both sides of the body, duration of seizure, whether rescue medication was administered, who administered it, were emergency professionals involved, how the person recovered and any known triggers that may have contributed to the seizure.

Common triggers for seizures are tiredness, excitement, stress, missing meals, or medication and having a temperature or illness. This list is not exhaustive.

Midazolam is a Schedule 3 controlled drug (CD), but it is exempt from the safe custody

Regulations. As good practice, it is recommenced that this medication is kept in the CD cupboard and treated as same. (NICE 2016)

**All details must also be included on daily documentation and include who was informed of the seizure.**

**Pictures in this policy are for example use only and may differ from products prescribed and used.**

|  |  |
| --- | --- |
| **Service Specific Information** | |
| Where is Midazolam stored? |  |
| Who is responsible for maintaining the stock? |  |
| Have staff received Epilepsy training? |  |
| Are Epilepsy Care Plans and risk assessments in place? |  |

**5. Equality Impact Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travellers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | No |  |
| * Religion or belief? | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.