

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation)
First Dose Authorisation Form

I, the prescriber:.....(child's clinician)
.....(base & contact tel. no)
give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have **attended specific training**. I take full responsibility for this medication to be given as outlined below.

SIGNED:..... DATED:

NAME OF CHILD: DOB:

NHS No: School:.....

Home Address:

Other Setting:

PRESCRIBED DOSE: mg

Amount to be administered in mL:

mL

ROUTE: BUCCAL

To be given if seizure lasts longer than:minutes

Special instructions (if required):

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam.
- Other

Instructions for administration

Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct '**mL**' mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few seconds to allow absorption.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation)
Second Dose Authorisation Form

I, the prescriber:.....(named consultant)
.....(base & contact tel no)

give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have attended specific training. I take full responsibility for this medication to be given as outlined below.

SIGNED:..... DATED:

NAME OF CHILD: DOB:

NHS No: School:.....

Home Address:

Other Setting:

PRESCRIBED DOSE: mg

Amount to be administered in mL:

mL

ROUTE: BUCCAL

To be given if seizure lasts longer than:minutes

Special instructions (if required):

.....

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam.
- Other

Instructions for Administration

Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct '**mL**' mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few seconds to allow absorption.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

**Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe (Buccolam®)
First Dose Authorisation Form**

I, the prescriber:.....(child's clinician)
.....(base & contact tel. no.)
give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who
have **attended specific training**. I take full responsibility for this medication to be given as outlined
below.

SIGNED:.....DATED:.....

NAME OF CHILD: DOB:

NHS No:School:.....

Home Address:

Other Setting:

Dose to be administered: ONE mg PRE-FILLED ORAL SYRINGE

ROUTE: BUCCAL

To be given if seizure lasts longer than:minutes

Special instructions (if required):

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam Oromucosal.
- Other

Instructions for administration:

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- **Remove and throw away the oral syringe cap.**
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gum lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

**Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe
(Buccolam®)
Second Dose Authorisation Form**

I, the prescriber: (child's clinician)

..... (base & contact tel. no)

give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have received specific training. I take full responsibility for this medication to be given as outlined below.

SIGNED: DATED:

NAME OF CHILD: DOB:

NHS No: School:.....

Home Address:

Other Setting:

Dose to be administered: ONE mg PRE-FILLED ORAL SYRINGE

ROUTE: BUCCAL

To be given if seizure lasts longer than:minutes

Special instructions (if required):

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam.
- Other.....

Instructions for administration:

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- Remove and throw away the oral syringe cap.
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

APPENDIX D

Consent Form for Administration of Buccal Midazolam

All staff that have received the appropriate training and are considered competent are authorised to give Buccal Midazolam at school/early years setting and respite care.

Parent/carer Consent

Name of child	
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If authorised persons are not available then **999 procedures** will be activated, and **parent/carer informed**.

Parent/Carer		Date	
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On behalf of school/setting			
Head teacher / setting lead or manager		Date	
On behalf of Heart of England Foundation Trust			
Doctor/Nurse		Date	
Reviewed by		Date	
Reviewed by		Date	

