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**Individual Epilepsy Plan**

**(Buccal Midazolam)**

This care plan should be completed by or in consultation with the medical practitioner

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| --- | --- |
| **Details of Child and Condition** | |
| **Name:** | **School:** |
| **Date of birth:** | **Class:** |
| **Emergency Contact** | |
| **Name:**  **Relationship:** | **Contact Number:** |
| **Identify the seizure classification and/or description of seizures which may require Buccal Midazolam:**  *(Record all details of seizures, for example goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc.  Include information re:  triggers, recovery time etc.  If in status epileptics, note whether it is convulsive, partial or absence)* | |
| **Usual duration of seizure?** | |
| **Other useful information:** | |
| **Buccal Midazolam Treatment Plan** | |
| **When should** **Buccal Midazolam be administered?** *(Note here should include whether it is after a certain length of time or number of seizures)* | |
| **Initial dosage:  how much Buccal Midazolam is given initially?** *(Note recommended number of milligrams for this person*) | |
| **What are the usual reactions to Buccal Midazolam?** | |
| **What action should be taken if there are difficulties in the administration of Buccal Midazolam** *such as constipation/diarrhoea?* | |
| **Can a second dose of Buccal Midazolam be given?**          *Yes/No*  If ***Yes***, after how long can a second dose of rectal diazepam be given?  (*state the time to have elapsed before re-administration takes place)*  How much rectal diazepam is given as a second dose?  *(state the number of milligrams to be given and how many times this can be done after how long)* | |
| **When should the person’s usual doctor be consulted?** | |
| **When should 999 be dialled for emergency help?**   * If the full prescribed dose ofBuccal Midazolam to control the seizure  *Yes/No* * Other   (Please give details) | |
| **Who Should:**   * Administer the rectal diazepam? *(ideally someone should be trained in at least ‘Emergency Aid,’ preferably ‘First Aid at Work’):* * Witness the administration of rectal diazepam? *(this should normally be another member of staff of the same sex):* | |
| **Who/where needs to be informed?**  Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescribing Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Precautions: under what circumstances should Buccal Midazolam not be used**? *(for example, Oral Diazepam already administered within the last……….minutes)* | |

**All occasions when Buccal Midazolam is administered must be recorded on the individual my medication record.**

**This plan has been agreed by the following:**

**Authorised person(s) trained to administer Buccal Midazolam**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Parent**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Headteacher/Medical Coordinator**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

This form should be available at every medical review of the patient and copies held by the GP and the school.

**Expiry date of this form**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy holders to be notified of any changes by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_