TEMPORARILY AMENDED FOR COVID PANDEMIC:

Valid until April 2021

Standard Operating Procedures (SOPs) and competency assessment tool for the administration of buccal midazolam in community settings.

*All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure

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|---|---|---------------|------------|--|--|
| Responsible dept / director: | Executive Director of Nursing Pharmacy and Medicines Management Local Authorities | | | | |
| Approved by: | MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing | | | | |
| Date approved: | November 20 |)15 / June 20 | 020 | | |
| Date activated (live): | November 20 |)15 | | | |
| Documents to be read alongside this document: | Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's) for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) | | | | |
| Date of next review: | COVID- 19 Medication administration training (HEIW 2020) April 2024 | | | | |
| | April 2021 | | | | |
| Date EqIA | Nov 15 (Overarching Policy MM01) | | | | |
| completed: | | | | | |
| First operational: | November 2015 | | | | |
| Previously reviewed: | Dec 2016 | Feb 2019 | April 2020 | | |
| Changes made yes/no: | o: yes yes yes | | | | |

Enhanced - Standard Operating Procedure for the administration of buccal midazolam in community settings

Advice: -It is very important to have an individual care plan describing the typical seizures that the person has and when the buccal midazolam is to be given.

- This procedure can only be carried out by designated care workers who have received training and have been assessed as competent with a specific product (Buccolam® or Epistatus®). These care workers should be named in the citizens care plan and should be in full agreement to undertake the task using appropriate guidelines provided
- An ambulance 999 must always be called.
- Store Buccal Midazolam at 15°C-25 and keep out of reach of children

Equipment:

Prescribed medication – labelled with date of expiry and clearly labelled with citizen's name

Buccal midazolam is available as:

- **Buccolam**® contains Midazolam Hydrochloride 5mg in 1mL in pre-filled oral syringes of 2.5mg, 5mg, 7.5mg and 10mg.
- **Epistatus**® contains Midazolam Maleate 10mg in 1mL. It is a preparation in a 5mL bottle with four oral syringes in the packaging. Epistatus® is also available as prefilled oral syringes of 2.5mg, 5mg, 7.5mg and 10mg. This is an unlicensed product, available as a 'special'.

It is important to remember which brand and dose the citizen uses.

| | Action | Rationale | | |
|---|--|--|--|--|
| 1 | Delegation of this task must be given by the nurse or manager caring for the patient/ citizen/ resident | Manager/ registered nurse remains responsible or the delegation | | |
| 2 | Assess the patient / citizen/ resident according to their care plan for the need to administer buccal midazolam medication. | To ensure medication is only given if needed. | | |
| | PHONE 999 – EMERGENCY HELP MUST BE OBTAINED. | To obtain medical help. | | |
| 3 | Before administering any prescribed medication, look at the patient/citizen/residents MAR or equivalent chart and check the following: The correct patient/citizen/resident and DOB Correct medication is selected –name of medicine, dose and frequency Date and time of administration Expiry date Allergy status | To minimise harm Establish patient/citizen/residents identity Ensure all products are fit for use with valid expiry date and not damaged (don't use if damaged) Ensure patient/citizen/ resident is not allergic to the particular medicine | | |
| 4 | Assess the safety of the patient / citizen/ resident and only move if there is a danger of injury to patient. Assess injuries sustained due to seizure | To prevent injury. | | |

| 5 | Talk to patient / citizen/ resident Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent if possible Remove restrictive clothing and maintain their privacy and dignity. | To reassure the patient / citizen/ resident. To ensure that the patient/citizen/ resident understands the procedure and gives their valid consent if possible |
|---|---|---|
| 6 | Wash hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves. | To ensure the procedure is as clean as possible and minimise cross infection. |
| 7 | ALWAYS check and prepare the medication according to the manufacturers' instruction. | |
| 8 | Using Buccolam® pre-filled oral syringes or Epistatus® pre-filled oral syringes Check the dose and expiry date of the pre-filled syringe provided. Remove the oral syringe from the packaging. Place the syringe into the side of your citizen's mouth, between the gums and teeth. If possible, divide the dose so you give half into one cheek and the remaining half into the other cheek. Slowly push the plunger of the syringe down until the syringe is empty. Watch for any breathing difficulties. Confirm that the seizure has stopped. Dispose of the syringe safely | |
| 9 | Using Epistatus® buccal liquid (Midazolam Maleate 10mg/1ml) 5ml bottle You will need the following equipment: 1. bottle of Epistatus® 2. oral syringe provided • Check that the liquid is clear with no crystals visible. Discard if you can see crystals. | To prepare equipment in readiness for use when Midazolam is required To withdraw Midazolam from bottle |
| | Unscrew the bottle cap, keeping the bottle upright. Insert a syringe into the centre of the stopper. Turn the bottle upside down. Pull the plunger of the syringe back slowly and then push back to prevent any air bubbles. Pull the plunger back again slowly and draw up the prescribed amount of liquid. Turn the bottle the right way up before removing the syringe. Place the syringe into the side of your citizen's mouth, between the gums and teeth. If possible, divide the dose so give half into one cheek and the remaining half into the other cheek. | Check dose is accurately measured and ready to administer. |

| | Slowly push the plunger of the syringe down until the syringe is empty. Observe for any breathing difficulties. Confirm that the seizure has stopped. Dispose of the syringe safely. | |
|----|---|---|
| 10 | Screw the child-resistant cap back on the bottle, immediately. Put the bottle back in the carton containing the remaining oral dispensers (syringe). | To prevent evaporation and avoid potential infection. Avoid accidental or purposeful misuse by other(s) |
| 11 | Observe the patient / citizen/ resident for signs of recovery. Note breathing pattern and pallor for return to normal. | To assess effectiveness of treatment and time to recovery |
| 12 | Remain with the patient / citizen/ resident during recovery period. | Maintain safety of the citizen. |
| 13 | Removes gloves, apron and equipment and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub | Infection prevention and control |
| 14 | Record the administration on the MAR or equivalent charts and document in the Patient/citizen/ resident's care plan Record result, dose and time given and any side effects in the care plan. Notify carers/ medical care workers. | To maintain accurate records |

Competence document for Care Workers, Healthcare Support Workers/Assistants for the administration of buccal midazolam in community settings.

NB. Only staff nominated by manager may undertake this competence.

| HCSW Name & Signature: | |
|------------------------|------|
| Base/ Area : | Date |
| Assessor Name: | |

PRACTICAL ASSESSMENT

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

| | | Witnessed practice | | | Assessors signature & Date |
|---|--|--------------------|------|------|----------------------------------|
| | | 1. | 2. | 3. | |
| | | Date | Date | Date | |
| 1 | Delegation of this task must be given by the nurse or manager caring for the patient/ citizen/ resident | | | | |
| 2 | Ensure that the candidate assesses the patient / citizen/ resident according to their care plan for the need to administer buccal midazolam medication. | | | | |
| 3 | Before administering any prescribed medication, look at the patient/citizen/residents MAR or equivalent chart and check the following: The correct patient/citizen/resident and DOB Correct medication is selected –name of medicine, dose and frequency Date and time of administration Expiry date Allergy status | | | | |
| 4 | Ensure that the candidate has assessed the safety of the patient / citizen/ resident and only move if there is a danger of injury to patient. Assess injuries sustained due to seizure | | | | |

| 5 | Ensure that the candidate talks to patient / citizen/ resident Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent where possible | | |
|---|---|--|--|
| 6 | Ensure that the candidate washes their hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves. | | |
| 7 | Ensure that the candidate ALWAYS check and prepare the medication according to the manufacturers' instruction. | | |
| 8 | Ensure that the candidate follows the process:- Using Buccolam® pre-filled oral syringes or Epistatus® pre-filled oral syringes Checks the dose and expiry date of the pre-filled syringe provided. Removes the oral syringe from the packaging. Places the syringe into the side of your citizen's mouth, between the gums and teeth. If possible, divides the dose so they give half into one cheek and the remaining half into the other cheek. Ensure that the plunger is slowly pushed down until the syringe is empty. Observes for any breathing difficulties. Confirms that the seizure has stopped. Disposes of the syringe safely | | |
| | Using Epistatus® buccal liquid (Midazolam Maleate 10mg/1ml) 5ml bottle Ensure the candidate has the following equipment: ➤ A bottle of Epistatus® ➤ Oral syringe provided Ensure the candidate:- • Checks that the liquid is clear with no crystals visible. Discard if you can see crystals. • Unscrews the bottle cap, keeping the bottle upright. • Inserts a syringe into the centre of the stopper. • Turns the bottle upside down. • Pulls the plunger of the syringe back slowly and then push back to prevent any air bubbles. • Pulls the plunger back again slowly and draw up the prescribed amount of liquid. • Turns the bottle the right way up before removing the syringe. | | |

| 9 | Places the syringe into the side of your citizen's mouth, between the gums and teeth. If possible, divides the dose so give half into one cheek and the remaining half into the other cheek. Slowly push the plunger of the syringe down until the syringe is empty. Observes for any breathing difficulties. Confirms that the seizure has stopped. Dispose of the syringe safely. | | |
|----|--|--|--|
| 10 | Ensure the candidate screws the child-resistant cap back on the bottle, immediately. Puts the bottle back in the carton containing the remaining oral dispensers (syringe). | | |
| | Ensure the candidate observes the patient / citizen/ resident for signs of recovery. Note breathing pattern and pallor for return to normal. | | |
| | Ensure the candidate remains with the patient / citizen/ resident during recovery period. | | |
| 13 | Ensure the candidate removes gloves, apron and equipment and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub | | |
| | Ensure the candidate records the administration on the MAR or equivalent charts and documents in the Patient/citizen/ resident's care plan. Records result, dose and time given and any side effects in the care plan. Notifies the carers/ medical care workers. | | |

| Assessor's name: | Designation: |
|------------------|--------------|
| | |
| Signature | Date: |

Copy of completed competence document to be given to manager to file in personal file