**Form 10**

***Authorisation for the Administration of Buccal Midazolam***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school/setting** |  | | | |
| **Child’s name** |  | | | |
| **Date of birth** |  |  |  |  |
| **Home address** |  | | | |
| **G.P.** |  | | | |
| **Hospital consultant** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [name of child] should be given Buccal Midazolam       mg. If he/she has | | * \*a prolonged epileptic seizure lasting over       minutes. | | | |
| **OR** | | | |
| * \*Serial seizures lasting over       minutes. | | | |
|  | |  | | | |
| An Ambulance should be called for [name of child] | | * \*At the beginning of the seizure. | | | |
| **OR** | | | |
| * \*If the seizure has not resolved after       minutes. | | | |
|  | | **(\* please delete as appropriate)** | | | |
| **Doctor’s signature** |  | |
| **Print Name** |  | | **Date** |  |

|  |  |
| --- | --- |
| **Parent/Carer’s signature** |  |
| **Print Name** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The following staff have been trained.** |  | | |
| **Trainer’s name** |  | **Trainer’s post** |  |

**FORM 10 Authorisation for the Administration of Buccal Midazolam (Continued)**

**NB: Authorisation for the administration of buccal midazolam**

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child’s GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

* When the midazolam is to be given e.g., after 5 minutes; and
* How much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar.**

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