

Guidance for the use of buccal midazolam or rectal diazepam in the treatment of epileptic seizures by neurologists, nurse specialists and health care professionals working with young people and adults within Cumbria.

Information for GPs

The NICE Guideline CG 137 (2012) (Epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care) states that buccal midazolam or rectal diazepam should only be prescribed for use in the community for children, young people and adults who have had a previous episode of prolonged or serial convulsive seizures (NB the definition of “prolonged” or length of time since previous episode will vary according to whether it is a child or adult who is being considered). Buccal midazolam should be administered as first-line treatment in children, young people and adults with prolonged or repeated seizures in the community; rectal diazepam should be administered if preferred or if buccal midazolam is not available.

Buccal Midazolam is available as **Epistatus®** or **Buccolam®**

Buccolam contains Midazolam Hydrochloride 10mg in 2ml in pre-filled syringes of 2.5mg, 5mg, 7.5mg and 10mg.

Epistatus contains Midazolam Maleate 10mg in 1ml and is available as pre-filled oral syringes of 2.5mg, 5mg, 7.5mg and 10mg, or as a multi-dose bottle.

The preferred Buccal Midazolam preparation used within Cumbria is Buccolam

In some rare situations Buccal Midazolam may not be suitable. In these cases **Rectal Diazepam** can be considered.

Rectal diazepam is available as Diazepam Desitin, Diazepam RecTubes, and Stesolid Rectal Tubes (other preparations may be available).

It is available in pre-filled tubes of 2.5mg, 5mg and 10mg

No formulation of buccal midazolam is currently licensed in adults and its use in adults is therefore “off-label” or “off-license”.

Prescribing Rescue Medication Responsibilities

Primary care prescribers are not expected to initiate treatment. This should be done by a neurologist. Once a patient has been stabilised GPs may be requested to take over the prescribing of the rescue medication. The clinical and legal responsibility for prescribing should only be accepted if sufficient clinical information has been provided by the initiating prescriber including the brand and preparation of rescue medication.

Buccal midazolam or rectal diazepam should not be prescribed until an **Emergency Rescue Medication Administration Plan** is in place and that those who may be required to administer the medication have had the appropriate training. This is usually the responsibility of the **Epilepsy Specialist Nurses**.

Buccolam, Epistatus & Rectal Diazepam are not interchangeable, there is a high risk of harm should patients receive the incorrect brand and strength of buccal midazolam.

To avoid medication errors when writing prescriptions, buccal midazolam should be prescribed by brand. The dose should be prescribed in **mg (milligrams)** and **ml (millilitres)**.

A single dose of buccal midazolam or rectal diazepam only should be administered. If the seizure has not stopped within 5 minutes of administration, emergency medical assistance must be sought and the empty syringe given to the healthcare professional.

Midazolam ampoules or rectal diazepam tubes should not be used for buccal administration.

The use of Benzodiazepines in people with a Learning Disability (LD)

Benzodiazepines have been criticised for the potential adverse side effects, including cognitive impairment in long term use in both general and LD populations. As a result they are favoured more for use as rescue treatments. The use of benzodiazepines should be limited in the presence of cognitive deficit or behavioural disorder. Tolerance is a major concern in people with a learning disability and patients may not have had a medication review for many years. If this is the case a medication review should be initiated. A benzodiazepine may have been prescribed

to treat behaviour, mood or anxiety and not withdrawn and if multiple anticonvulsants are prescribed this may manifest as increase in seizures.

Clinicians must be aware of the overall “benzodiazepine load” when prescribing benzodiazepines and monitoring seizures. RC PSYCH (2017). It is recommended that Buccal Midazolam should not be given if another benzodiazepine has been given in the previous 12 hours and vice versa.

If needed, the **Cumbrian Epilepsy Specialist Nurses** can be contacted for further advice.

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References

- NICE (2012) CG 137 Epilepsies: diagnosis and management
- BNF (2018) www.bnf.nice.org.uk/drug/midazolam.htm
- NICE (2016) Controlled drugs: safe use and management
- RC Psych (2017) Prescribing anti-epileptic drugs for people with epilepsy and intellectual disability: (College Report CR206)
- Epilepsy Nurses Association (ESNA) (2019) Best practice guidelines for training professional carers in the administration of Buccal (Oromucosal) Midazolam for the treatment of prolonged and / or clusters of epileptic seizures in the community.