



INM Medication Agreement (Intranasal Midazolam ONLY) for education and care

This information is confidential and will be available only to staff trained to manage seizures, those providing training to manage seizures, and emergency medical personnel.

The agreement section is completed by a neurologist, paediatrician, specialist physician, general practitioner or neurology nurse. Authorisation/Release is completed by the parent or legal guardian; or the adult student.

The authorisation/release and agreement sections must be completed for the medication to be administered in an education or care setting.

Medication Agreements that are modified, overwritten or illegible will NOT be accepted. ONLY Intranasal Midazolam can be administered.

UR / Client number: (if relevant)	_____
Name:	_____
Address:	_____
	DOB
Fill in or attach the patient label	

Weight:	Allergies:
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ADMINISTRATION INSTRUCTIONS <small>(print clearly)</small>	
Seizure type:	
<p>GIVE INTRANASAL MIDAZOLAM:</p> <p><input type="checkbox"/> Immediately seizure begins</p> <p>OR</p> <p><input type="checkbox"/> For seizures lasting more than _____ minutes</p> <p>OR</p> <p><input type="checkbox"/> Other instruction:</p>	<p>DOSE OF MIDAZOLAM Use only plastic ampoule (5mg in 1ml)</p> <p><input type="checkbox"/> Give up to a maximum of one ampoule. Stop administration when the seizure ceases and/ or the child actively resists INM administration</p> <p>OR</p> <p><input type="checkbox"/> Give all of one ampoule / two ampoules Administer one drop at a time until the entire contents of ampoule(s) is used</p> <p>OR</p> <p><input type="checkbox"/> Give half ampoule / one and a half ampoule Discard 9 drops, then administer one drop at a time until the remaining contents of ampoule plus another full ampoule is used</p>

AGREEMENT	
<ul style="list-style-type: none"> I agree the medication instructions as written above are appropriate for administration in the education or care setting 	
Name and address <small>(print or stamp)</small>	Professional role
	Provider number
	Telephone
	Date <i>The INM Medication Agreement is valid for a maximum 12 months</i>
Email or signature	

AUTHORISATION AND RELEASE <small>(please print clearly)</small>	
<ul style="list-style-type: none"> I authorise the medication as instructed above to be administered in the education or care setting I approve the release of this information to staff trained to manage seizures, those providing training to manage seizures, and emergency medical personnel. I understand the medication provided must have a pharmacy label that matches the information in the Medication Agreement or the medication will not be administered. 	
Parent/legal guardian or adult student/client	
Family name (please print)	First name (please print)
Email or signature	Date



FIRST AID

for education and care

Intranasal Midazolam (INM)

CALL AMBULANCE (000)

as soon as decision to administer intranasal midazolam is made

Pre-requisites for safe first aid administration of intranasal midazolam (INM)

- The person administering INM requires knowledge of basic first aid and seizure management
- The person administering INM must be authorised to administer by their employer/agency/service
- Only a plastic ampoule containing 5mg in 1 ml can be used (**do not use glass ampoules**)
- If INM is given in an education or care service an ambulance **MUST** be called
- Refer to the child or young person seizure health care plan, health support agreement and INM Mediation Agreement

Administering intranasal midazolam (INM)



- 1 Note time of onset of seizure
- 2 Check administration details on INM Medication Agreement
- 3 Check the INM Medication Agreement matches pharmacy label on medication
- 4 Check expiry date on the ampoule
- 5 Check ampoule is 5mg in 1 ml
- 6 Decide which side of the child or young person to work from
- 7 Turn child or young person on back with head slightly extended; or position in wheelchair so head is back and airway open
- 8 Twist top off ampoule and invert.

If required, discard drops BEFORE administering remaining drops (refer to INM Medication Agreement)
- 9 Squeeze ampoule to drop out 1-3 drops into each nostril until ampoule is empty. If movement marked, go more slowly 1 drop at a time to get into nose. DON'T RUSH, the first few drops should help slow the seizure so other drops are easier to get in
- 10 As soon as practicable, turn person onto side in recovery position or support head in wheelchair, maintain open airway
- 11 Note time seizure stops
- 12 Stay with the child or young person, follow standard first aid practice until ambulance arrives
- 13 Keep empty ampoule to give to ambulance officer
- 14 Give the child or young person nothing by mouth until they regain conscious movement (gag reflex is reduced)
- 15 Document