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| **Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe**  **(Buccolam®)**  **Second Dose Authorisation Form** |
| I, the prescriber: ………………………………………………………………………… (child’s clinician)  …………………………………………………………………………………… (base & contact tel. no)  give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have received specific training. I take full responsibility for this medication to be given as outlined below.  SIGNED: ……………………………………………………… DATED: ……………………………….. |
| NAME OF CHILD: ………………………………………………………………… DOB: ………………  NHS No: …………………………… School………………………………………………………………  Home Address: ………………………………………………………………………………………………  Other Setting: ………………………………………………………………………………………………  **mg**  **Dose to be administered: ONE PRE-FILLED ORAL SYRINGE**  ROUTE: BUCCAL  To be given if seizure lasts longer than: …………minutes  Special instructions (if required): .....................................................................................................  ………………………………………………………………………………………………………………. |
| **When to call for a Paramedic Ambulance:**   * Whenever any emergency rescue medication is being given to this child for the first time in a school/setting. * If the seizure has not resolved after ………minutes following administration of Buccal Midazolam. * Other………………………………………………………………………………………………… |
| **Instructions for administration:**   * Break the tamper-proof seal and remove the oral syringe from the protective plastic tube. * Remove and throw away the oral syringe cap. * Place the tip of the oral syringe into the buccal area of the child’s mouth, between the cheek and the gum of the lower jaw by the back teeth. * Slowly drip the Buccolam® solution into this area until the oral syringe is empty. * Remove the oral syringe from the child’s mouth. |
| The authorisation form must be updated annually or whenever there are any changes to the child’s emergency rescue medication details. |