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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: BUCCALTo be given if seizure lasts longer than: …………minutesSpecial 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…………………………………………………………………………………………………
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| **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.
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| The authorisation form must be updated annually or whenever there are any changes to the child’s emergency rescue medication details. |