



- Only workers/carers trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Staff must complete training annually or earlier as required.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read in conjunction with the [NDIS LWB 5700 High Intensity Daily Personal Activities \(HIDPA\) - Policy Guideline](#), [NDIS LWB 5501 Health and Wellbeing Procedure](#), the [Medication Administration Procedures](#) and in consultation with the person or their Seizure Management plan.

This information is intended as a guide only and may not be appropriate in all circumstances – instructions from an AQHP should be followed.

Staff must be trained in administering emergency seizure management medication, for example, Midazolam, by an accredited trainer or AQHP.

All people supported by LWB who require help with medication administration must have the medication prescribed and written in their medication chart by their Doctor. In addition, people prescribed Midazolam or any other Emergency Seizure Management Medication require a PRN Protocol to be completed and signed by their Neurologist or General Practitioner.

All people supported by LWB who are diagnosed with Epilepsy must have an Epilepsy Management Plan.

Emergency Seizure Medication Administration Procedure



Check

- All emergency seizure medications are classed as Schedule 8 (drugs of addiction) and may be subject to theft. Therefore, check the medication at the commencement of every shift to confirm quantities are correct and record them in the [NDIS LWB 5427 Medication Administration Record and Register - Schedule 8](#).
- Check the person's Epilepsy Management Plan and PRN Protocol.
- Check the emergency seizure medication ampoule and follow the 7 Rights of Medication Administration as detailed in the [NDIS LWB 5400 Administering Medication - Procedure](#).
- Regularly check the expiry date of medications.
- Ensure there is always a sufficient supply of medication for emergencies.
- All expired unused medication should be returned to the pharmacy as soon as possible.

**Support****Side Effects of Emergency Seizure Medication**

- Drowsiness or tiredness
- Headache, weakness
- Nausea or vomiting
- Coughing or hiccups
- Irritation and stinging in the nostrils (intranasal)
- Altered mood and balance (giggly, hyperactivity, unsteady on feet)
- Slow, shallow breathing
- Confusion and disorientation can occur after a seizure or post Midazolam
- In rare cases, being agitated, hostile or aggressive

Storing Emergency Seizure Medication

- All equipment should be stored in a small lightproof bag in a locked cupboard. The bag and contents must always accompany the person on all outings and remain with them at all times. Do not leave the medication in a vehicle. When transporting the person in the community, especially in hot weather conditions, staff must ask the person's GP, pharmacist, or the medication's manufacturer for their medication's safe travel data/safe travel allowance and ensure the correct cooling product is used. Always follow the manufacturer's recommendations for storing medication.
- Medication should be stored in a locked cupboard below 25C and protected from light.
- For open medication, note the date it was opened. Medications, such as Midazolam, have an expiry date of eight (8) months from its opening date.
- Follow [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) to ensure the correct personal protective equipment (PPE) for this procedure and follow hygiene and infection control procedures.

Preparing the Medication

- Wash and dry your hands

- Put on the required PPE.
- Remove the syringe from the packaging.
- Open the ampoule by gently twisting the top of the ampoule. Avoid squeezing the ampoule.
- Hold the ampoule firmly with one hand.
- Using the other hand, insert the syringe into the opening at the top of the ampoule and pull back the plunger to draw out the required amount of medication.
- Check the person and the time. If the seizure continues, proceed to administer the emergency seizure medication.

Administer Buccal Medication



- Administer emergency seizure medication as prescribed in the Seizure Management Plan and the [NDIS LWB 5411 PRN Protocol](#).
- If possible, lie the person on one side or tilt their head to one side.
- Gently insert the syringe into the buccal cavity (between the gum and the cheek). Do not attempt to push the syringe between the person's teeth.
- Gradually depress the plunger to administer the medication.
- When all the medication has been administered, withdraw the syringe.

Administer Nasal Medication



- Administer emergency seizure medication as prescribed in the Seizure Management Plan and the [NDIS LWB 5411 PRN Protocol](#).
- Slightly tilt the person's head back.
- Gently insert the syringe slightly into the person's nostril.
- Administer the medication by dripping 2-3 drops into alternating nostrils until all the medication has been administered.
- Withdraw the syringe.

Mucosal Atomisation Device (MAD)



- Administer emergency seizure medication as prescribed in the Seizure Management Plan and the [NDIS LWB 5411 PRN Protocol](#).
- A Mucosal Atomisation Device (MAD) dispenses medication by spraying the liquid as a fine mist.
- If used, attach the device to the tip of the syringe
- Administer the medication by placing the MAD slightly inside one nostril.
- Gently depress the syringe until all the medication has been administered.
- Withdraw the syringe.

Administer Sublingual Medication



- Administer emergency seizure medication as prescribed in the Seizure Management Plan and the [NDIS LWB 5411 PRN Protocol](#).
- Sublingual Medication means the medicine is placed under the tongue, which will dissolve and be absorbed into the bloodstream. Clonazepam may come as a wafer that can dissolve under the tongue.
- If possible, lie the person on one side or in a sitting or upright position.
- Place the dissolving wafer or tablet under the tongue.
- The person should not eat, drink, swallow, chew, or smoke until the wafer or tablet has dissolved.

Following Administration

- Note the time the seizure activity stops.
- Place the person on their side in the recovery position.
- Monitor the person's breathing and skin colour.
- Remain with the person until they fully recover, and an ambulance arrives.
- Appropriately reassure the person – they may be confused, sleepy, or disoriented.
- When safe, dispose of all equipment in a plastic bag, knotting the top and disposing of the general waste.
- Restock the emergency bag with a syringe, medication and gloves.



Report

- Document the administration of emergency seizure medication in a medication administration record as per the [NDIS LWB 5427 Medication Administration Record and Register - Schedule 8](#).
- Report any concerns or issues related to the person’s seizure support immediately to the Disability Support Leader¹ or On Call.

For Further Guidance and Advice

Please contact the AQHP who developed the person’s Seizure/Epilepsy Management Plan.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.