

Prescribing of Rescue Buccal Midazolam in Service Users with a Learning Disability and Epilepsy

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Aim & Hypothesis

The aim of this audit was to evaluate our practice relating to buccal midazolam prescribing and measure compliance compared with recent guidelines. We recognise the risk of use of buccal Midazolam in the community, (including respiratory depression) and acknowledge the significant monetary cost associated with prescribing of this medication.

Background

Around 30% of those with a Learning Disability (LD) also have a diagnosis of epilepsy, which increases to 50% in those with severe LD. For risk management of prolonged or repeated seizures, it is often appropriate for a 'rescue medication', such as midazolam, to be prescribed in the community. The Epilepsy Nurses Association created best practice guidelines in conjunction with RCPsych in June 2019⁽¹⁾ around buccal midazolam prescribing and associated care plans.

Methods

From the Learning Disability Epilepsy Database we identified 68 patients who were prescribed PRN buccal midazolam as rescue medication during June 2020. There were no exclusions to our sample. An audit tool was created based on the best practice guidelines, and data collected from each patient's 'Epilepsy emergency management plan'.

Results

- Areas whereby compliance >90% was achieved included: instructions to record when midazolam should be given, initial and max dose of midazolam in 24 hours and when to contact paramedics.
- 69% of the plans were reviewed in the last 12 months as recommended.
- Compliance was <60% for documenting a clinician responsible for managing epilepsy and obtaining a clinician signature.
- Where a second dose of midazolam was prescribed, documentation of an MDT decision for the prescription and the need to contact paramedics if given were also <60% compliance.

Conclusion

Several recommendations were created as a result of the findings. These included ensuring annual reviews, changes to the Epilepsy emergency management plan template, adapting the process of obtaining a clinician signature, and developing a regular opportunity for clinicians to discuss complex epilepsy cases.

Adapting process to ensure all epilepsy care plans are signed by Responsible & Prescribing Clinician

Annual reviews of all Epilepsy emergency management plans by physical health nurse

Regular MDT meetings for complex Epilepsy Case Discussion e.g. prescribed 2nd dose of rescue midazolam

References:

(1) <https://ilaebritish.org.uk/content/uploads/2019/06/ESNA-Midazolam-Guidelines.pdf>