

Audit on Prescription and Administration of oral Buccal Midazolam

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Aim: To ascertain our adherence with the ESNA guidelines relating to Buccal Midazolam for the treatment of Status Epilepticus and to identify any gaps in clinical practice in this context.

Background: Convulsive status epilepticus is a medical emergency requiring admission to hospital and has a mortality as high as 20%. Status epilepticus (S.E.) can lead to complications like cardiac arrhythmias, pulmonary oedema, encephalopathy and focal neurologic deficits. It is therefore of paramount importance that there is effective management of seizures in patients who are at high risk S.E to help reduce the mortality, morbidity and emergency health care utilisation. Central to the mitigation of the risk posed by SE is the use of emergency epilepsy medication in the community, often termed 'rescue' medication. Buccal midazolam is now recognised as the first line rescue treatment. It is recognised that prompt administration of midazolam prevents or reduces the risk of seizures evolving into status epilepticus, resulting in improved outcomes for the patient (SIGN 2015, NICE 2012).

Methodology: All patients with epilepsy open to 2 community learning disability teams who had been prescribed prn midazolam as rescue medication for status epilepticus were identified. A template was designed to collate data, using the ESNA guidelines as the benchmark. Data was collected retrospectively from the electronic patient records. The training packs used for imparting training to providers and carers were also reviewed.

Results: There were 66 patients identified who were prescribed oral midazolam across both the teams.

Overall evidence of care plans for midazolam was seen in 89% (59/66) of the patients (pie chart 1). All care plans had been reviewed in the last year in one team (100%) whilst in the other the compliance was found to be only 61%. The involvement of patients/families/carers in the care plan was seen to be 100% in one team and 17% in the other. Overall compliance for care plans being signed by the psychiatrist was found in 79% of cases (pie chart 2). The guidelines stipulate the core components of epilepsy awareness and buccal midazolam training course to be provided to the family/carers. Training packs in both teams met all the requirements apart from providing the sources of additional support and information to the carers. The training packs did not cover stigma and cultural awareness.

In accordance to the guidelines professional carers with the responsibility to administer buccal midazolam should receive biennial training updates for epilepsy awareness and administration of buccal midazolam. The overall compliance was found to be 61% (pie chart 3). We also reviewed the brand of midazolam prescribed to the patients; for 83% of patients licensed brand of midazolam was prescribed.

The audit also revealed in one of the teams, nurses were not part of any peer group and had not kept up to date with their CPD.

Conclusions: There are significant differences in compliance to the ESNA guidelines across the 2 teams; with one of the teams having greater adherence to the guidelines consistently across all domains. The team which showed greater compliance with the guidelines have a service model of designated specialist nurses for epilepsy. The audit has helped identify some gaps in clinical practise and changes have been recommended to improve adherence to the guidelines; nurses to join peer group to update their CPD, both the teams need to update their training packs to include all essential elements of training specified in the guidance, changing the service provision model of having designated nurses for epilepsy, improving on the documentation of care plans and ensuring annual reviews.

References:

- Best practice guidelines for training professional carers in the administration of Buccal (Oromucosal) Midazolam for the treatment of prolonged and / or clusters of epileptic seizures in the community: (ESNA, Royal College of Psychiatrists, ILAE), 2019
- Good Psychiatric Practice, CR203, Management of epilepsy in adults with Intellectual Disability (Royal College of Psychiatrist), 2019
- <http://www.sign.ac.uk/pdf/SIGN143.pdf>
- <https://www.nice.org.uk/Guidance/CG137>

Chart 1 - Care Plan for Midazolam

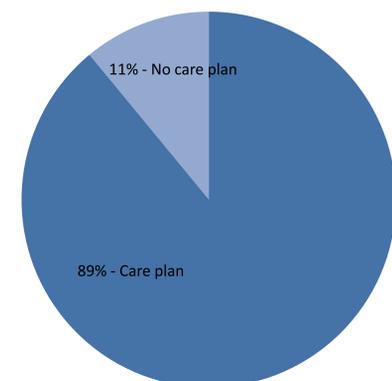


Chart 2 – Care plan signed by psychiatrist

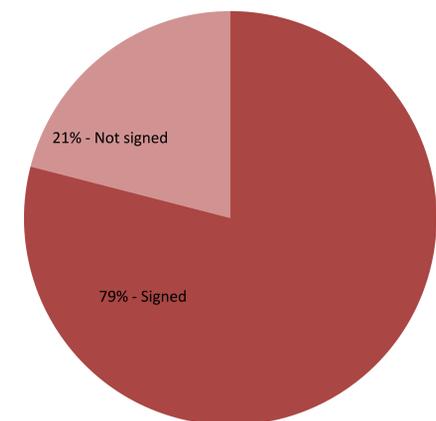


Chart 3 – Compliance of Biennial Training

