

## Standard Operating Procedure 10 (SOP 10)

# Administering Rescue Medication into Children for Prolonged Seizures

**Why** we have a procedure?

Black Country Partnership NHS Trust (hereafter referred to as the Trust) believes that medications should be given safely, in the best interests of Service Users. This procedure will ensure that professionals working for the Trust have the appropriate information and are competent to administer the Rectal Diazepam, Rectal Paralydehyde and Buccal/Nasal Midazolam safely.

Rectal Diazepam, Rectal Paralydehyde and Buccal/ Nasal Midazolam safely are used as rescue medication for children for the prevention of status epilepticus and for use in prolonged seizures and seizure clustering. Convulsive status epilepticus is the most common neurological medical emergency and has a high rate of morbidity and mortality.

**What** overarching policy the procedure links to?

Children's Community Nursing Team Operational Policy

**Which** services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	x	x	all
Learning Disabilities Services	x	x	all
Children and Young People Services	x	✓	all

**Who** does the procedure apply to?

All community health care professionals in CYPF Group.

**When** should the procedure be applied?

When administering rescue medication for prolonged seizures to children

**How** to carry out this procedure

To ensure the safe administration of rescue medication in the event of a seizure. This involves the administration of Buccal Midazolam/Rectal diazepam or rectal paralydehyde as prescribed by the child's Doctor or named Consultant, in line with any special instructions concerning its use which should be written on the prescription sheet and detailed in the child's individual care plan.

A standardised epilepsy care plan is currently being devised for use across the West Midlands; this will be adopted by the Trust and will promote continuity of care across all settings

Indications:

- Child is diagnosed with epilepsy or other seizures
- Child is prescribed Buccal Midazolam/rectal diazepam or rectal paraldehyde for seizure control
- Child has reached stated length of seizure and requires emergency prescribed medication
- Child has an individualised plan for and requires emergency prescribed medication

### Process for Rectal Paraldehyde Administration

Action	Rationale
Every child will have a comprehensive health care plan including consent from parents and child, where possible, for emergency administration of prescribed medication	To promote partnerships in care, alleviate anxiety, ensure concordance and ultimately empower patients to cope with their child's illness (Taylor, J. 2000)
Reassure child throughout procedure, explaining what you are doing and the reasons for your actions. Ensuring privacy and dignity as far as possible	To alleviate anxiety and promote privacy and dignity—unconscious patients can often hear conversations around them
<p>Check the prescription sheet or individual health care plan for special instructions concerning the use of the medication.</p> <p>Check the type of seizure and length of seizure duration for which the Paraldehyde is advised.</p> <p>Check paraldehyde is the correct dose and within expiry date. Do you need to call 999? This is individualized in each child's care plan.</p> <p><b>Must phone 999 if child not had paraldehyde before</b></p>	<p>To ensure the correct quantity of medication is given at the correct time intervals. To ensure effectiveness of prescribed paraldehyde (DoH, 2004).</p> <p>To ensure that the paraldehyde is administered for the correct seizure type.</p> <p>For emergency services intervention, especially if the child shows signs of respiratory distress</p>
Wash hands with soap and water, following Trust Hand Hygiene guidance. Put on protective apron and disposable gloves, use towel to protect area	To reduce the risks of cross contamination/ infection

Action	Rationale
<p>Shake the bottle.</p> <p>Hold the bottle upright and remove the child resistant cap.</p> <p>Remove the syringe and the tube you have been supplied with from the package and connect together.</p> <p>Draw up the prescribed amount of paraldehyde solution</p>	<p>To disperse contents and safely draw up the prescribed dose</p>
<p>Throughout the procedure, fully inform the child and the parent/ carer what you are doing</p>	<p>To relieve anxiety and ensure that the family are fully informed</p>
<p>Position child preferably on their left side and bend child's knees upwards towards the chest. If unable to position on left side due to physical disability, position on right side or on stomach</p>	<p>To facilitate ease of administration and make use of natural fall of rectum and sigmoid colon</p>
<p>Remove child's lower clothing - maximising dignity and privacy, minimising exposure as far as possible and using a towel/blanket if possible.</p> <p>Make note of the time the paraldehyde is to be delivered</p>	<p>To allow access to rectum.</p> <p>Timing of delivery is important for further management of the seizure</p>
<p>Lubricate the end of the tube with lubricating jelly.</p> <p>Maintaining dignity, gently lift their right buttock and insert the rectal tube a few centimetres into the child's rectum (use discretion)</p> <p>Gently administer the paraldehyde into the rectum</p>	<p>To prevent trauma to the anus.</p> <p>To ensure the medication is delivered to the appropriate place and a full dose has been given</p> <p>To prevent trauma</p>
<p>Hold the buttocks together and maintain child's position for 2-3 minutes</p>	<p>To prevent seepage of the medication</p>
<p>Wipe away any secretions and redress child. Remove gloves and apron, dispose of as household waste. Wash hands with soap and water – ensure the child is not left unattended</p>	<p>To ensure child's comfort and safety and to maintain child's privacy and dignity.</p> <p>To reduce the risks of cross contamination/ infection</p>
<p>Time the length of the seizure</p>	<p>Maintain seizure control. The timing of a seizure is an important part of epilepsy management (Epilepsy Research Foundation)</p>
<p>Throughout the seizure, monitor the respiratory rate, depth and rhythm and the child's colour</p>	<p>To be alert to possible respiratory distress</p>

Action	Rationale
If child has been prescribed a second dose of paralydehyde - clearly stated in the child's care plan, repeat procedure to administer second dose after the stated time period. Note the time of second dose delivery. If no second dose is prescribed and the child continues to fit or fits again dial 999 if not already done so	To avoid status epilepticus.  Timing of delivery is important for further management of the seizure.  For emergency services intervention
Once seizure movements have ceased, place the child in the recovery position and note the time (Recovery time will vary from child to child, they may be confused, feel dizzy, vomit and need to sleep.) Do not leave the child alone during this recovery period. Do not feed or give drinks until the child is fully awake	To maintain safe airway.  To provide management information for the healthcare team.  To allow sufficient time for recovery.  To prevent aspiration
Physical observations should continue throughout the episode until full recovery is achieved	To check for adverse reactions to medication e.g. cyanosis or respiratory distress
Inform child's parents	Maintain communication and trust
Speak quietly and reassuringly to the child	Promote calm recovery—unconscious patients can often hear conversations around them
Complete all documentation, including time of start and end of seizure and trigger, paralydehyde given and parental contact.  If it is felt the child has had an adverse drug reaction the professional should contact the MHRA on <a href="http://www.yellowcard.mhra.gov.uk">www.yellowcard.mhra.gov.uk</a> and also inform the GP	To inform epilepsy management plan and promote trust (DoH, 2003)

- Do not leave the child alone
- Do not place anything in the mouth
- Don not give food and drink until the child is fully awake
- Do not restrict convulsive movements
- Do not move the child unnecessarily
- Do not attempt physical restraint unless the child is in danger

### Process for Administration of Buccal Midazolam

The buccal mucosa is the inside lining of the cheek. This area is where some medications such as Midazolam can be absorbed very quickly into the body and is therefore considered to be a safe and effective way of controlling seizures in children when prescribed by a Physician familiar in the child's medical condition. The oral prefilled syringe is provided.

Action	Rationale
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Action	Rationale
Time the start and length of seizure and note the time of Midazolam administration	The timing of a seizure is an important part of epilepsy/ seizure management.  To ensure that time scales are correct in the event of a further dose being required as per child's protocol
Check the child has been prescribed Buccal Midazolam, has a comprehensive individualised care plan, and there is consent from parents and the child where possible	To promote partnerships in care, alleviate anxiety, ensure concordance and ultimately empower patients to cope with their child's illness (Taylor, J. 2000)
Reassure the child throughout procedure, explaining what you are doing and the reasons for your actions. Ensure privacy and dignity as far as possible	To alleviate anxiety and promote privacy and dignity – unconscious service users can often hear conversations around them
Check the prescription sheet or individual health care plan for special instructions concerning the use of the medication.  Check Midazolam is the correct dose, preparation and within expiry date	To ensure the correct quantity of medication is given at the correct time.  To ensure effectiveness of prescribed Midazolam
Wash and dry hands thoroughly, following Trust Hand Hygiene guidance. Put on disposable gloves	To reduce risks of cross-contamination/ infection
Throughout the seizure, monitor the respiratory rate, depth and rhythm and the child's colour	To be alert to possible respiratory distress
If child is lying down, position them on their side. If child is sitting up, tilt their head back, about 45°, with your hand across their chin	To ensure correct prescribed quantity is given
Insert the oral syringe into the 'buccal' cavity (between lips and gums) and slowly empty contents of the syringe	To ensure buccal cavity is accessible
If it is the first time the midazolam has been administered to the child, an ambulance should be called	To ensure that medical aid is available in case the child suffers from respiratory distress (a side effect of the midazolam)
Hold the head in this position outlined above for approximately one minute. Observe to ensure choking does not occur	To ensure full dose is given and maximise absorption.  To prevent Midazolam from being swallowed and maximise absorption.  To reduce risk of choking
Throughout the seizure monitor respiratory rate, depth and rhythm and the child's colour	To be alert to possible respiratory distress

Action	Rationale
If child has been prescribed a second dose of Midazolam (as clearly stated in the individualised care plan) administer second dose after the stated time period. Note the time of second dose delivery. If no second dose is prescribed and the child continues to fit or fits again dial 999 if not already done	To avoid status epilepticus.  Timing of delivery is important for further management of the seizure.  To maintain safe airway.  To provide management information for the healthcare team.  To allow sufficient time for recovery.  To prevent aspiration
Once seizure movements have ceased, place the child in the recovery position and note the time, (recovery time will vary from child to child; they may be confused, feel dizzy, vomit and need to sleep). Do not leave the child alone during this recovery period. Do not feed or give drinks until the child is awake	To maintain safe airway. To check for adverse reactions to medication e.g. cyanosis or respiratory distress. Identifying signs of recovery/relapse
Physical observations should continue until recovery is complete	To provide management information for the healthcare team.  To allow sufficient time for recovery.  To prevent aspiration.  To monitor effects of seizure and check for adverse reactions to medication e.g. cyanosis or respiratory distress
Wash hands thoroughly, following Trust Hand Hygiene guidance.  Dispose of used personal protective equipment and any waste in household waste	To reduce risks of cross-contamination
Speak quietly and reassuringly to the child	Promote calm recovery – unconscious service users can often hear conversations around them
Inform child's parents at first available opportunity	To maintain communication and trust
Complete all documentation including - time of start and end of seizure, any trigger, dose of Midazolam given and parental contact.  If it is felt the child has had an adverse drug reaction the professional should contact the MHRA on <a href="http://www.yellowcard.mhra.gov.uk">www.yellowcard.mhra.gov.uk</a> and also inform the GP	To inform epilepsy management plan and promote trust

- Do not leave the child alone
- Do not place anything in the mouth
- Do not give food and drink until the child is fully awake
- Do not restrict convulsive movements
- Do not move the child unnecessarily
- Do not attempt physical restraint unless the child is in danger

## Process for Rectal Diazepam Administration

Action	Rationale
Every child will have a comprehensive health care plan including consent from parents and child, where possible, for emergency administration of prescribed medication	To promote partnerships in care, alleviate anxiety, ensure concordance and ultimately empower patients to cope with their child's illness (Taylor, J. 2000)
Reassure child throughout procedure, explaining what you are doing and the reasons for your actions. Ensuring privacy and dignity as far as possible	To alleviate anxiety and promote privacy and dignity—unconscious patients can often hear conversations around them
<p>Check the prescription sheet or individual health care plan for special instructions concerning the use of the medication.</p> <p>Check the type of seizure and length of seizure duration for which the diazepam is advised</p> <p>Check diazepam is the correct dose and within expiry date. Do you need to call 999? This is individualized in each child's care plan.</p> <p><b>Must phone 999 if child not had diazepam before</b></p>	<p>To ensure the correct quantity of medication is given at the correct time intervals. To ensure effectiveness of prescribed diazepam (DoH, 2004)</p> <p>To ensure that the diazepam is administered for the correct seizure type.</p> <p>For emergency services intervention. especially if the child shows signs of respiratory distress</p>
Wash hands with soap and water, following Trust Hand Hygiene guidance. Put on protective apron and disposable gloves, use towel to protect area	To reduce the risks of cross contamination/ infection
Throughout the procedure, fully inform the child and the parent/ carer what you are doing	To relieve anxiety and ensure that the family are fully informed
Position child preferably on their left side and bend child's knees upwards towards the chest. If unable to position on left side due to physical disability, position on right side or on stomach	To facilitate ease of administration and make use of natural fall of rectum and sigmoid colon
<p>Remove child's lower clothing - maximising dignity and privacy, minimising exposure as far as possible and using a towel/blanket if possible.</p> <p>Make note of the time the diazepam is to be delivered</p>	<p>To allow access to rectum.</p> <p>Timing of delivery is important for further management of the seizure</p>

Action	Rationale
<p>Lubricate the end of the tube with lubricating jelly.</p> <p>Maintaining dignity, gently lift their right buttock and insert the rectal tube a few centimetres into the child's rectum (use discretion)</p> <p>Gently administer the Diazepam into the rectum</p>	<p>To prevent trauma to the anus</p> <p>To ensure the medication is delivered to the appropriate place and a full dose has been given</p> <p>To prevent trauma</p>
Hold the buttocks together and maintain child's position for 2-3 minutes	To prevent seepage of the medication
Wipe away any secretions and redress child. Remove gloves and apron, dispose of as household waste. Wash hands with soap and water – ensure the child is not left unattended	<p>To ensure child's comfort and safety and to maintain child's privacy and dignity.</p> <p>To reduce the risks of cross contamination/ infection</p>
Time the length of the seizure	Maintain seizure control. The timing of a seizure is an important part of epilepsy management (Epilepsy Research Foundation)
Throughout the seizure, monitor the respiratory rate, depth and rhythm and the child's colour	To be alert to possible respiratory distress
If child has been prescribed a second dose of diazepam - clearly stated in the child's care plan, repeat procedure to administer second dose after the stated time period. Note the time of second dose delivery. If no second dose is prescribed and the child continues to fit or fits again dial 999 if not already done so	<p>To avoid status epilepticus.</p> <p>Timing of delivery is important for further management of the seizure.</p> <p>For emergency services intervention</p>
Once seizure movements have ceased, place the child in the recovery position and note the time (Recovery time will vary from child to child, they may be confused, feel dizzy, vomit and need to sleep.) Do not leave the child alone during this recovery period. Do not feed or give drinks until the child is fully awake	<p>To maintain safe airway.</p> <p>To provide management information for the healthcare team.</p> <p>To allow sufficient time for recovery.</p> <p>To prevent aspiration</p>
Physical observations should continue throughout the episode until full recovery is achieved	To check for adverse reactions to medication e.g. cyanosis or respiratory distress
Inform child's parents	Maintain communication and trust
Speak quietly and reassuringly to the child	Promote calm recovery—unconscious patients can often hear conversations around them

Action	Rationale
<p>Complete all documentation, including time of start and end of seizure and trigger, diazepam given and parental contact.</p> <p>If it is felt the child has had an adverse drug reaction the professional should contact the MHRA on <a href="http://www.yellowcard.mhra.gov.uk">www.yellowcard.mhra.gov.uk</a> and also inform the GP</p>	To inform epilepsy management plan and promote trust (DoH, 2003)

- Do not leave the child alone
- Do not place anything in the mouth
- Do not give food and drink until the child is fully awake
- Do not restrict convulsive movements
- Do not Move the child unnecessarily
- Do not attempt physical restraint unless the child is in danger

### Equipment

- A signed prescription or individualised care plan clearly stating medication, dose, mode of delivery and any specific indications
- Medication to be given (check preparation, dose, route and expiry date). The medication should be stored out of reach of other children and in accordance with the manufacturers guidance
- Syringe and applicator for rectal paralydehyde
- Lubricating jelly for rectal diazepam/ paralydehdye
- Non-sterile gloves and other necessary personal protective equipment, including towel for rectal delivery

### Definitions

**Buccal** - Area relating to cheeks or mouth cavity

**Rectal** - Administering medication into the rectal cavity via rectum

**Where** do I go for further advice or information?

- Nice guidelines CG 137 QS27
- RCN- Specialist nursing of children with epilepsy 2013
- Royal Marsden
- BNF for children
- Manufacturers leaflets
- Medicines for children
- Team Leader
- Dudley group specialist epilepsy nurse

### Training Duties

- All healthcare professionals are responsible for their own actions and must exercise their own professional judgment at all times. Any decisions that vary from the agreed Trust procedures or guidelines should be documented in the service users care plans and include the reason for variance and the subsequent action taken

- The team leader is responsible for ensuring that this procedure is made available to the staff they manage; who are involved in the care of children requiring this medication
- All staff working with children who require emergency medication for seizures must be trained and competent in administering the medication. Competencies must be updated and recorded in the personal file annually
- All parents/ carers and individuals must be trained in administering the medication in the community or prior to discharge from hospital to enable shared care
- Training must be given by a registered Nurse who has up to date knowledge and skills to ensure safe evidenced based practice
- Refer to the Trust's Mandatory and Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies
- All healthcare professionals and support workers should have basic life support training every year

### **Monitoring/ Review of this Procedure**

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

### **Data Protection Act and Freedom of Information Act**

Please refer to overarching policy

## Standard Operating Procedure Details

<b>Unique Identifier</b> for this SOP is	BCPFT-CYPF-SOP-OP-10
State if SOP is <b>New</b> or <b>Revised</b>	Revised
<b>Policy Category</b>	Children's Services
<b>Executive Director</b> whose portfolio this SOP comes under	Executive Director of Nursing, AHPs and Governance
<b>Policy Lead/Author</b> Job titles only	Team Leader, Community Paediatric Specialist Team
<b>Committee/Group Responsible for Approval of this SOP</b>	Quality and Risk Safety Group
<b>Month/year consultation process completed</b>	n/a
<b>Month/year SOP was approved</b>	May 2019
<b>Next review due</b>	May 2022
<b>Disclosure Status</b>	'B' can be disclosed to patients and the public

### Review and Amendment History

Version	Date	Description of Change
1.1	Apr 2019	SOP reviewed with Minor amendments made to the How and Where section.
1.0	Apr 2016	New SOP for BCPFT