

Professionalising the administration of Buccal Midazolam: Guidelines and testing for UK carers

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The Problem

18,000 - 20,000 will require rescue medication, usually buccal midazolam. 50,000 - 150,000 people might need training. The Joint Epilepsy Council (JEC) was responsible for guidelines governing the rescue medication training requirements of carers. With the demise of the JEC, there has been no update of the guidelines. Currently there is no oversight of training requirements. This impacts on the safety of people with epilepsy.

A solution

- Guidelines and an online test to -
- Promote health; seizures left unattended may lead to increased morbidity and mortality
 - Reduce health care costs that accompany use of emergency services & hospital admissions
 - Provide a framework for consistency in standards for training and management of prolonged seizures across the United Kingdom
 - Provide a resource for auditing care provision

Process

ESNA developed focus groups for the review of the JEC guidelines and for the development of the online test. A scoping exercise was carried out in February 2017. Guidelines were revised by a steering committee with comments sought from a wide variety of professional sources. There have been several revisions to take into account the views of clinicians across the UK. A second steering committee has overseen the development of the online test. Patient organizations and other stakeholders will be consulted for feedback on the final draft. The key stakeholders in this project are ESNA, the International League against Epilepsy, British Chapter (ILAE) and the Royal college of Psychiatrists - Intellectual Disability Faculty (RCPsych). Patient organizations and other stakeholders will be consulted for feedback on the final draft.

Dissemination

The package (guidelines and test) will be launched on 22nd October 2018. ILAE and ESNA will collaboratively have oversight of the package. The guidelines will be freely available online on the ESNA, ILAE & RCPsych websites. Feedback system will enable us to understand any challenges and barriers of uptake.

Future developments

A pathway will be included in the guidelines for the training of the individual carers. The uptake and process will be audited and ESNA will update the guidelines and online test bi-annually. The model will be written up and published in a suitable peer r/w journal and presented in relevant conferences

Conclusion

A recent study (Shankar et al 2017 Epilepsy Behav 70; 212-216. 2017) has concluded that there is significant cause for concern and a hitherto undefined gap in the way training of epilepsy awareness and rescue medication administration is delivered. It is recognised that this needs to be a priority area in epilepsy care, to mitigate risks and deliver assurance to a vulnerable population. Steps being taken by ESNA, ILAE & RCPsych to provide evidence based guidance in this area are relevant and necessary.

Flowchart for Epilepsy Awareness and Rescue Medication Guidelines

