

Buccolam (Buccal Midazolam) – Advice for Parents and Carers

**Children's Services
Women & Children's Services**

**This leaflet has been designed to
give you important information
about your child's medication, and
to answer some common queries
you may have.**

Information for parents and carers

Introduction

The aim of this leaflet is to provide you as carers or parents all the relevant information regarding the use of Buccolam.

The medication is a first aid measure to try and prevent prolonged seizures.

Why has Buccolam been prescribed?

Most seizures in children stop within five to ten minutes but occasionally they go on for longer.

If a single seizure or group of seizures lasts for thirty minutes or more it is called status epilepticus. Occasionally very prolonged seizures (over one to two hours) may be damaging to the child. To try and prevent prolonged seizures Buccolam has been prescribed for use at home and where appropriate at school.

When should Buccolam be given?

Buccolam is usually given 5 minutes after the start of a tonic / clonic seizure. The precise timing will depend on age, seizure pattern and will be decided by the doctor. You will be given a protocol to follow.

It is important that you time the seizure rather than guess how long it has lasted so you know when to use the Buccolam. Buccolam is intended to be used as a first aid measure only.

No more than 3 doses of Buccolam should be given in a 24 hour period.

How do I know when the seizure has stopped?

Following a seizure a child will normally become relaxed and sleepy. They may be able to respond to you though they may appear confused. If your child is still stiff or twitchy even though the bigger movements have stopped the seizure may still be continuing.

How do I give the correct dose of the Buccolam?

Buccolam is administered via pre-filled syringes. The Buccolam is given for the right age and weight of your child. These are colour coded and age specific and all of the medication in the syringe is used.

Information for parents and carers

How do I give Buccolam?

- Try and put your child on their side
- Gently place the syringe into the space between their teeth and cheek
- Use the side closest to the floor. Once in place slowly push the plunger down to squeeze out the medicine
- Hold their lips together on that side for a minute or two to prevent leakage.
- If they are on their back you can drip a little into each cheek, but remember to put the child into the recovery position as soon as you are able to

Does the Buccolam work straight away?

No – it will take between five to eight minutes to work because it has to be absorbed into the blood stream.

Do I still need to call an ambulance?

We would advise you call an ambulance as well as giving Buccolam in any one of the following circumstances:

- If it is the first time they have been given Buccolam
- If the seizure is not under control within five minutes of being given Buccolam
- If you think they may have suffered a head injury during the seizure
- If they have had a 2nd prolonged seizure within a 6 hour period
- **If you have any concerns regarding their breathing, circulation, consciousness or general condition**

After care

Your child should stay in the recovery position and be observed carefully until they are fully recovered. Below is a picture of the recovery position.



Information for parents and carers

Can I give a second dose of Buccolam if the first dose does not work?

We do not advise that you repeat the dose. If their condition is not improving we advise that you seek urgent medical advice.

Where should I keep the Buccolam?

Buccolam should be stored at room temperature and out of reach of children. Check the expiry date before using.

Remember

Always record the event, the amount of drug given and the outcome including recovery time. Inform the Consultant at your child's next outpatient appointment.

Risks & side effects

These are mild and occur infrequently:

- It may slow down their breathing; if they have a severe chest infection or other breathing problems an ambulance should be called as well as giving Buccolam
- It can make them sleepy, although very occasionally they may become hyperactive instead
- A small number of children may appear dazed and stare as if hallucinating following Buccolam

Alternatives

There are alternative medications, which also try and prevent prolonged seizures but are given in a different way.

If you wish to find out more information about whether the alternative medication would be suitable please discuss with your doctor or the Epilepsy Specialist Nurse.

What do I do if I would like further information?

For further advice contact the Epilepsy Lead Nurses:

Scunthorpe General Hospital
Telephone 03033 305635.

Diana Princess of Wales Hospital
Telephone 03033 304509

References

Northern Lincolnshire & Goole NHS Foundation Trust Status Epilepticus Guideline

Northern Lincolnshire & Goole NHS Foundation Trust Rectal Diazepam Treatment Plan



Information for parents and carers

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.



Information for parents and carers

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

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Grimsby
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