Brookfields
Specialist SEN School

Brookfields School

Supporting Pupils with Medical Conditions Policy

Date	Description
17 May 2023	Approved by the Full Governing Board

Review schedule	Annually
Next review	May 2024
Policy holder	Catherine Bernie

Brookfields School equalities statement

All pupils at the school are offered a broad, balanced, stimulating and relevant curriculum regardless of their background, culture or ability. Each pupil is valued for who they are and what they bring to the school. We appreciate and celebrate the richness of diversity within the school community as well as the wider community. Through the work we do across the school on developing Values, we actively promote the importance of tolerance, co-operation, courage, determination, friendship and respect. Through this approach, pupils develop independence, confidence and integrity which prepares them for their future lives.

Supporting Pupils with Medical Conditions Policy

Brookfields School is an inclusive school for Children and Young People with SEND including some with Complex Medical Needs. As such we acknowledge that some pupils may require medical support throughout the school day in order to remain well enough to access education. These medications might be prescription drugs or non-prescription (over the counter) medication.

General:

- We have a duty to to support pupils with medical conditions at school to make sure all pupils have equal opportunities to participate in school life.
- We should only administer medicine at school when it would be detrimental to a pupil's health or school attendance not to do so.
- Staff might be asked to administer medication to these students and therefore might be required to attend suitable training to support students' needs. Any member of staff can administer medication but requires training and **no** member of staff is obliged to do so. Most often this would be the Teacher or LSA's responsibility but, on occasion, particularly if the pupil has 1:1 support or is on emergency medication, other staff may be asked to do so.
- Teachers should take into consideration the needs of pupils with medical conditions that they teach, and ensure that if a pupil does require medication that the teacher or another member of the class team is both trained and willing to give medication to them.
- When medication first comes into school it should go to the class teacher or LSA to check in, recording it on the 'Transporting Medication to and from school' signing in form (Appendix 2). These checks will have to be completed by two members of staff. When medication is being signed out, the person responsible for picking up the pupil (parent/carer, PA in case of bus transition) must sign the paperwork 'Transporting Medication to and from school' signing out form (Appendix 2) acknowledging they have received the medication.
- All prescription drugs must be labelled with the pupil's name, date of birth, dosages, prescribing Doctors details and dispensary pharmacy label. The exception to this is insulin which will be inside an insulin pen or pump, rather than its original container.
- All medication must arrive in school unopened and in its original package.
- Emergency medication for epilepsy, asthma and anaphylaxis can only be administered at school in conjunction with an up to date signed consent form and care plan. This form must be signed by the prescribing doctor, parents and head teacher and only be administered by trained staff
- School can accept certain medications without a prescription. These are anti-histamines, application cream for nappy rash and paracetamol for secondary pupils who require it occasionally. The pupil must have been treated with the medication previously and can only be administered if accompanied with written permission from parents. The medication must be in an un-opened container, in case of allergy and side effects.

Parental Consent:

- We require to have written consent from parents/carers **before** administering any medication, this applies to non-prescription and prescription medication.
  We have two forms, one for prescribed drugs and another one for over the counter medication. (See Appendix 1). These forms must have the child's full name, address, name of the drug, dose, frequency and any special instructions, **filled in by the parent/carer**. They must sign these and

give an emergency number. All this information is needed to check against the prescription label on the product. These forms must be kept in the Class Medication folder or in the filing cabinets near the HR office.

These consent forms last for the current school year unless there are any changes on the circumstances. It is the parents/carers responsibility to inform school of any changes. This form cannot be amended: any proposed changes including timing, dose, etc. require a new form to be completed following written confirmation of the updates. If and when medications change, out of date forms can be given to the office for archiving.

- In the rare case that a parent/carer doesn't consent to their child being administered the medication they require, they will be sent a letter explaining to them that the school are trying to put procedures in place so their child is covered if there is an emergency or the school are not able to contact them. If the parent/carer still refuses to give consent, as advised by the DfE, the school will consider seeking legal advice.

Individual Health Care Plans (IHCP):

- Some students might require an Individual Health Care Plan to help ensure that the school effectively supports the pupil's medical needs.
- Care plans will include the pupil's medical condition, medical needs and specific support required.
- Staff working with pupils with an IHCP must be aware of the plan and what to do in case of emergency.
- Only staff trained on specific IHCP's will be able to administer medication to the pupil. They will receive the suitable training and achieve the necessary level of competency before undertaking any responsibilities.
- If there are not sufficient numbers of trained staff to carry out the necessary procedures medical support will be sought from the School Nursing Team or in extreme circumstances, from the pupil's parents to enable pupils to remain in school to access education.

Medication storage:

- All medicines should be stored safely, in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to pupils and not locked away. These are currently carried by the pupil or staff, in a green bum bag.
- If medicines need to be kept in a refrigerator, use one of the medicine fridges located in The Hub and in Key Stage Two. These have an uninterrupted power supply and are in the same location as non-refrigerated medicines.
- If storing controlled drugs, the fridge must have a lock on it.
- **Never store medicines alongside food.**
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal.
- Teachers/LSAs are responsible for checking medications of pupils in their class weekly. The Team Leader for each Key Stage will also ensure that they are aware of all pupils within their Key Stage requiring medication so they can step in to support in the absence of class staff

trained to deliver medication to pupils in their class. Records should also be monitored weekly. This is to ensure records are kept up to date and to ensure medications are off site during long holidays.

- Medication to and from respite is to be safely stored in the medication cupboard. This medication it is not to be administered during school hours. This medication will have to be signed in and out using the form 'Transporting Medication to and from school', form (appendix 2)
- If a member of staff needs to take medication into school, they have a clear personal responsibility to ensure their medicines are not accessible to students and are locked away securely. If staff have allergies for which emergency medication is required, they have personal responsibility to ensure that HR and their teams have awareness of this and know where their emergency medication is stored.

Administration

Medications are to be administered by two adults, both of whom have received specific medicine training. These two staff must remain the same during the administration procedure. In exceptional circumstances the second person could be untrained, however this would require head teacher approval.

Brookfields School adheres to the 6 Rights of Administering Medication:

- Right child
- Right medicine
- Right dose
- Right time
- Right route
- Right to refuse

Administering oral medications

- Wherever appropriate, staff should allow pupils to access their medicines for self-administration with staff supervision. This is relevant to pupils with asthma inhalers and those who take medication for ADHD for example.
- Both supervising adults will have received Medication Awareness for Schools training.
- Both members of staff are required to be present when medication is taken from packaging. Both members of staff are required to check the **name, dosage and expiry date** (Administering of Medication Record Sheet– Appendix 3)
- One adult must check 6 Rights
- Before administering medication, please ensure you have enough to give a full dose. Remember to ask parents in plenty of time for another bottle etc. They may have to wait for 2-3 days for a repeat prescription.
- Medication must be administered immediately and cannot be prepared beforehand. Lock the medication away immediately.
- Staff member one administers the medication. Staff member two countersigns.
- If unsure, DO NOT GIVE medication and ask for help.
- All staff must wear gloves and an apron when administering medication, and maintain high levels of hygiene at all times.

- All parts of the medication record must be filled in. It is the lead adult's responsibility to ensure this.

Administering medications via gastrostomy

- Both adults will have received Medication Awareness for Schools training.
- The adult administering the medication via gastrostomy must have received specific training to the child from the school nursing team in addition to attending external Medication Awareness for School training. A list of staff members who have been trained to administer medication via gastrostomy can be found in our gastrostomy competency database which is in the class medication file and kept with the School Nurse. If a student wasn't on any medications at the time of their teams' initial gastrostomy training, then re-training will be required from the nursing team.
- Both members of staff are required to be present when medication is taken from packaging. Both members of staff are required to check the **name, dosage and expiry date** (Administering of Medication Record Sheet– Appendix 3)
- One adult must check 6 Rights
- Before administering medication, please ensure you have enough to give a full dose. Remember to ask parents in plenty of time for another bottle etc. They may have to wait for 2-3 days for a repeat prescription.
- Medication must be administered immediately and cannot be prepared beforehand. Lock the medication away immediately.
- Staff member one administers the medication. Staff member two countersigns.
- If unsure, DO NOT GIVE medication and ask for help.
- All staff must wear gloves and an apron when administering medication, and maintain high levels of hygiene at all times.
- All parts of the medication record must be filled in. It is the lead adult's responsibility to ensure this.

Paracetamol:

Primary Pupils

- The school will only administer paracetamol to pupils in the Primary School if it has been prescribed by a doctor and carries the relevant information as stated above.
- Parents/carers will be contacted before medication is given to reduce the risk of accidental overdose. School will inform parents/carers if paracetamol is given and stating the dose and time given.
- **If pupils require medication to reduce temperature in the case of fever or illness, they should not be in school and parents/carers will be asked to pick their child up from school.**

Secondary Pupils

- For pupils with complex health needs, paracetamol needs to be prescribed by a doctor and labelled as stated above.
- For secondary pupils who require paracetamol occasionally (headache, period pains) paracetamol **does not** need to be prescribed.
- Parents/carers must send in a named, unopened bottle or blister pack to be kept at school. A consent form needs to be completed *before* administration of medication can take place.
- Parents/carers will be contacted before medication is given to reduce the risk of accidental overdose. School will inform parents/carers if paracetamol is given and stating the dose and

time given. Paracetamol will not be given until 4 hours after the start of the school day if parents/carers cannot be contacted to avoid accidental overdose.
- Unless prescribed, Ibuprofen will not be given.

General guidance

- If medication it is refused by a pupil, they should not be forced to take it. Instead ring parents/carers. They may wish to come to school to give the missed dose.
- If this is emergency medication the ambulance service must be called and parents/carers informed.
- Any pupil who has had a general anaesthetic will need to remain at home for the first **48 hours**, as per NHS guidance.
- Any pupil who has been prescribed antibiotics will need to remain at home for the first **48 hours**, unless previously agreed.

Emergency Medication

Pupils needing emergency medication (Midazolam Buccal, Epi Pen, inhaler) must have a completed care plan. These are to be followed and are available in class medication files.
Adults working with pupils who have an Emergency Medication Care Plan must be aware of the protocols they must follow. The school will provide regular training for staff in administering emergency medication.
This emergency medication must be readily available by the member of staff assigned to the child. The emergency medication can be stored within a labelled, lockable medicines cabinet in the student's classroom, or carried in a **green bum bag** when necessary. This is dependent of the individual need of the student.
If a child has a seizure in school and we are unable to administer emergency medication, then an ambulance will be called and parents/carers informed.
The packaging for Buccal Midazolam has evolved over time as the adhesive seals, at times, did not remain intact. Newer packaging does not now contain a seal (see Appendix 5). If a pupil has the older style packing these need to be checked weekly (see Appendix 6).
It is the parent's/carers responsibility to inform the school if emergency medication (such as Buccal Midazolam) **has been administered out of school within the past 24 hours.**

Infectious Illnesses

If a child experiences diarrhea or vomiting, the child must remain at home for 48 hours from the last diarrhea or vomiting incident. If a child experiences diarrhea or vomiting as a result of a previously diagnosed illness, this will be managed on a case by case basis, in discussion with the class teacher and SLT.

If a child has an infectious illness, Brookfields will refer to the document from 'Guidance on Infection Control in Schools and other Childcare settings' from the Public Health Agency.

Trips:

- When accessing off-site trips, staff must add Medical information to their EVOLVE form and Risk Assessment for the trip.
- Staff working with the young people concerned must be trained in administering the medication needed.
- Medication must be signed in and out by two members of the staff, including information such as name of student, name of the medication, date and time it is being taken (Appendix 2)
- Medication must be accompanied by the consent form, IHCP (if applicable) and securely transported or carried on the person in the case of emergency medication
- The pupil's medical information is sensitive personal data, staff must ensure it is kept safe and returned to school.

Procedure and recording of Misadministration of medication

If a misadministration of medication has occurred follow these procedures:

1. If **emergency medication** (such as Midazolam Buccal) is given in error dial 999 and observe the pupil.
2. If **non-emergency medication** is given in error, seek support from the School Nurse and a member of SLT immediately.
3. Observe the pupil at all times
4. SLT will call parents/carers and notify them of the error.
5. A debrief will happen ASAP (Appendix 4)

PRESCRIPTION MEDICATION FORM

Brookfields School will not give your child medicine unless you complete and sign this form.

Name of school/setting	**Brookfields School**
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Prescription Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Supervised self-administration- yes / no	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy. Pharmacy labels should be on the packet as well as bottle / inhaler

Your Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Brookfields School administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s):_____ Date:_____

Brookfields
Specialist SEN School

OVER THE COUNTER MEDICATION FORM

Brookfields School will not give your child medicine unless you complete and sign this form.

Name of school/setting	**Brookfields School**
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Over the counter medicine (non-prescription).
Please use 1 form for <u>each</u> "over the counter" medication.

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Supervised self-administration – yes / no	
Procedures to take in an emergency	

<u>NB: I confirm that this medicine: (please tick)</u>

Has not been opened		**Is sealed**		**Is in the original container**	

Your Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Brookfields School administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I confirm that I have spoken to a health care professional (e.g. GP / Pharmacist) _____ (name) on _____ (date) about my child receiving this medication.

Signature(s):_____Date:_____

Brookfields
Specialist SEN School

FOR OFFICE USE ONLY: Date for review

Transporting medication to and from school

Signing in

Class:

Pupil Name	Date	Medication name.	Batch no.	Expiry date	Amount received	Signed by school	Witnessed by school	Stored

Transporting medication to and from school

Signing out

Class:

Pupil Name	Date	Medication name.	Batch no.	Expiry date	Amount going home	Signed by school	Witnessed by school	Who given to and signed

Administration of Medication Record Sheet

Child's name		**Dose**	
Date of birth		**Time/s to be given**	
Class		**Route of administration**	
Medication name		**Why is this medication required?**	
Consent form from parents completed	Yes ___ No ____ (please tick)	**Is this a controlled medication?**	Yes ____ No ____ (please tick)
Prescription label checked	Yes ___ No ____ (please tick)		

Record of administration

Date	Time	Batch number	Expiry	Amount left following administration	Administered by Name	Administered by Sign	Witnessed by Name	Witnessed by Sign

Staff debrief following a medical incident

Student initials:

Date of debrief meeting and details of who attended	
When the incident took place (date, time and location)	
Staff members involved	

Ambulance called: Y/N Time of ambulance call: Time of ambulance arrival:	Emergency medication administered? Y/N Details:
First Aid required? Y/N Details:	Accident form completed? Y/N

What happened?
What did we learn?

How are you feeling following the incident? Would you like any further support?

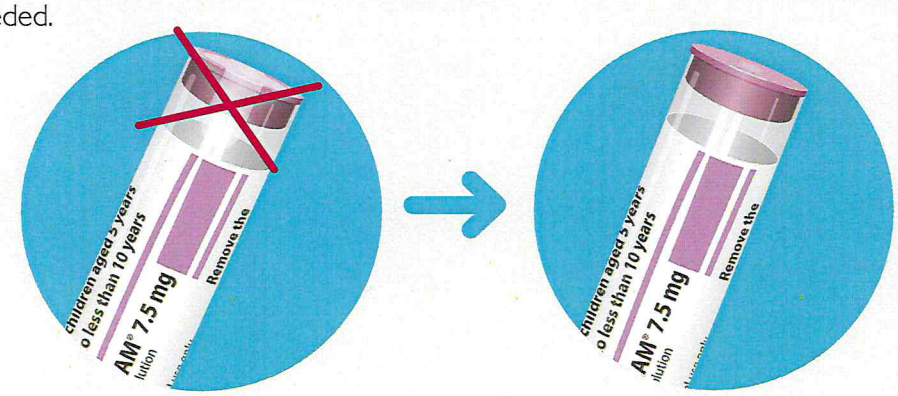
Are you happy with the debrief process following the incident?

Checklist		Notes
CREST form filled in?	☐Yes ☐No	
Risk assessment in place?	☐Yes ☐No	
If no, do they need one?	☐Yes ☐No	
Do they have a care plan?	☐Yes ☐No	
Does this need to be reviewed	☐Yes ☐No	

Prescribing Information and reference can be found on the last page of this document.

Important information about BUCCOLAM® (midazolam) oromucosal solution

Neuraxpharm UK has made some important changes to the BUCCOLAM® protective capped plastic tube. You will notice that the self-adhesive strap ('seal') on the tube has now been removed. BUCCOLAM® is now fitted with a new, more ridged cap, that is improved fit for the tube. The new cap has been shown to stay in place without the need for the seals whilst still allowing the cap to be removed quickly, when access to the oral syringe is needed.



The removal of the self-adhesive strap ('seal') on the tube does not affect the way BUCCOLAM® is prescribed. Please continue to prescribe BUCCOLAM® (midazolam) oromucosal solution as usual and consider updating your patients' care plan.

BUCCOLAM® is indicated for the treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years).[1]

BUCCOLAM® must only be used by parents/carers where the patient has been diagnosed to have epilepsy. For infants between 3–6 months of age, treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available.[1] Please consult the BUCCOLAM® Summary of Product Characteristics (SmPC) before prescribing.

UK: Adverse events should be reported to the Medicines and Healthcare products Regulatory Agency. Reporting forms and information can be found at: https://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store.

Ireland: Adverse events should be reported to the Pharmacovigilance Unit at the Health Products Regulatory Authority (medsafety@hpra.ie). Information about Adverse Event reporting can be found on the HPRA website (www.hpra.ie).

UK & Ireland: Adverse events should also be reported and additional information on our products is available on request from Neuraxpharm UK Ltd pv-uk@neuraxpharm.com

NEURAXPHARM®
Your CNS Specialist

BUCCOLAM®
MIDAZOLAM OROMUCOSAL SOLUTION

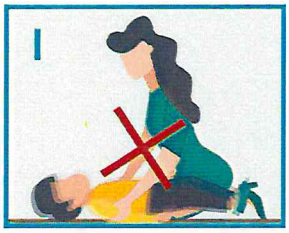
Before you start giving this medicine, please read the BUCCOLAM® Package Leaflet for important information about using BUCCOLAM®, there is one inside each pack.

To request a hard copy of the most up-to-date 'How to administer pads', please scan the QR code and fill in your details.

Before administering BUCCOLAM®

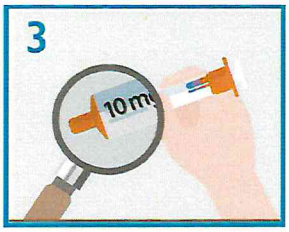
MIDAZOLAM OROMUCOSAL SOLUTION

If the child is having a seizure, allow their body to move freely, do not try to restrain them. Only move them if they are in danger from, for example, deep water, fire, or sharp objects.



Support your child's head with something soft, such as a cushion or your lap.

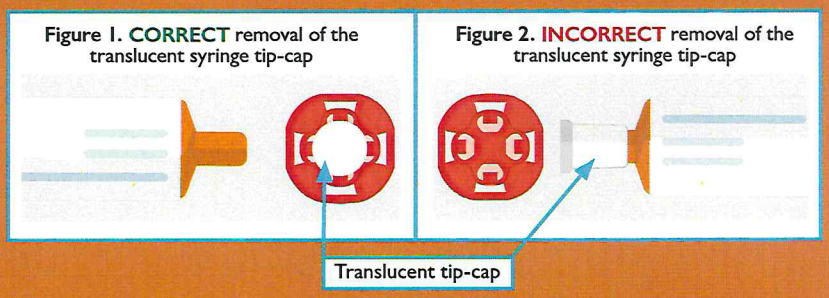
Check that the medicine is the correct dose for your child, according to their age.



Always give this medicine exactly as a doctor has told you. Ask a doctor, pharmacist or nurse to show you how to take or administer this medicine. Always check with them if you are not sure.

IMPORTANT

Please ensure the translucent tip is fully removed. If necessary, it must be manually removed BEFORE administration, to ensure it does not fall into the patient's mouth.



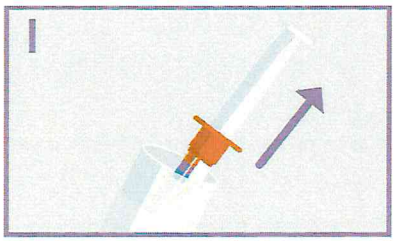
REPORTING OF SIDE EFFECTS: If you experience any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

You can also report side effects directly via the Yellow Card Scheme at **www.mhra.gov.uk/yellowcard**.

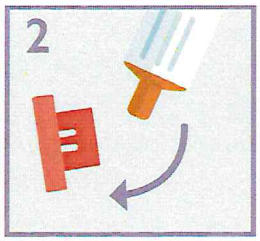
By reporting side effects you can help provide more information on the safety of this medicine.

To administer BUCCOLAM® correctly:

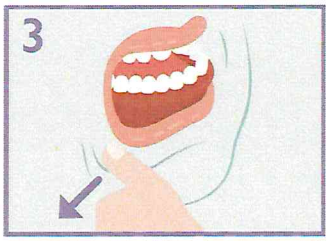
MIDAZOLAM OROMUCOSAL SOLUTION



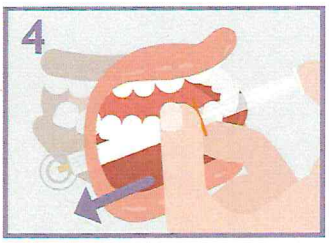
Hold the plastic tube and remove the cap. Take the syringe out of the tube.



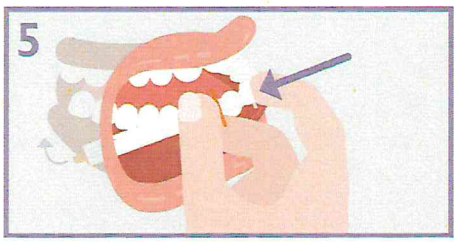
Remove the cap of the syringe and dispose of safely.



Gently hold the cheek away from the teeth.

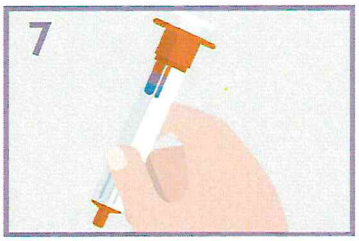


Insert the tip of the syringe between the lower gum and the inside of the cheek.*



Slowly release the solution by gently pressing the plunger until it stops and the syringe is empty.

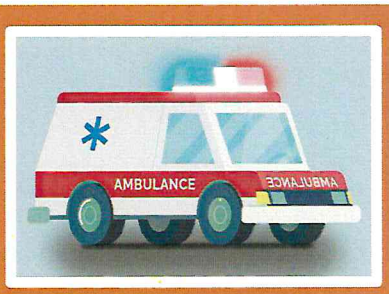
Stay with the patient until the seizure is over. Note the time BUCCOLAM® was given and how long the seizure lasted.



Keep the empty syringe to give it to the doctor or paramedic if they have been called.

*If prescribed by your doctor (for larger volumes and/or smaller patients), you can give approximately half the dose slowly into one side of the mouth, then into the other side of the child's mouth.

CALL AN AMBULANCE IMMEDIATELY IF:



- The seizure does not stop within 10 minutes of administering BUCCOLAM®
- You're unable to empty the syringe or you spill some of the contents
- The patient's breathing slows down or stops
- You observe signs of a heart attack which may include chest pain or pain that spreads to the neck and shoulders and down the left arm
- The patient is sick (vomits) and the seizure does not stop within 10 minutes
- You give too much BUCCOLAM® and there are signs of overdose (see patient information leaflet)

NEVER GIVE ANOTHER DOSE OF BUCCOLAM®:

- Even if seizure does not stop within 10 minutes
- If the patient vomits or salivates

Prescribing Information

BUCCOLAM® (midazolam) 2.5 mg, 5 mg, 7.5 mg & 10 mg oromucosal solution PRESCRIBING INFORMATION.

Refer to Summary of Product Characteristics (SmPC) before prescribing.

Presentation: Pre-filled oral syringes containing midazolam (as hydrochloride) 2.5 mg in 0.5 ml solution, 5 mg in 1 ml solution, 7.5 mg in 1.5 ml solution and 10 mg in 2 ml solution for oromucosal use. **Indication:** Treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years). BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy. For infants between 3-6 months of age treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available. **Dosage and administration:** BUCCOLAM is for oromucosal use. The full amount of solution should be inserted slowly into the space between the gum and the cheek. If necessary, for larger volumes and/or smaller patients, approximately half the dose should be given slowly into one side of the mouth, then the other half given slowly into the other side. Carers should only administer a single dose of midazolam. If the seizure has not stopped within 10 minutes after administration of midazolam emergency medical assistance must be sought and the empty syringe given to the healthcare professional to provide information on the dose received by the patient. A second or repeat dose when seizures reoccur after an initial response should not be given without prior medical advice. The oral syringe cap should be removed before use to avoid risk of choking. Children under 3 months: The safety and efficacy in children aged 0-3 months has not been established. Patients with renal impairment: No dose adjustment is required (see SmPC), however, BUCCOLAM should be used with caution in patients with chronic renal failure as elimination of midazolam may be delayed and the effects prolonged. Patients with hepatic impairment: Hepatic impairment reduces the clearance of midazolam with a subsequent increase in terminal half-life. Careful monitoring is recommended (see SmPC). BUCCOLAM is contraindicated in patients with severe hepatic impairment. **Contraindications:** Hypersensitivity to the active substance, benzodiazepine or to any of the excipients. Patients suffering from myasthenia gravis, severe respiratory insufficiency, sleep apnoea syndrome and severe hepatic impairment. **Warnings and precautions:** Midazolam should be used with caution in patients with chronic respiratory insufficiency because midazolam may further depress respiration. Delayed respiratory depression as a result of high active metabolite concentrations in the 3–6 months age group cannot be excluded. The use of BUCCOLAM in this age group should be limited for use only under the supervision of a health care professional where resuscitation equipment is available. Midazolam should be used with caution in patients with chronic renal failure, impaired hepatic or cardiac function. Midazolam may accumulate in patients with chronic renal failure or impaired hepatic function whilst in patients with impaired cardiac function clearance of midazolam may be decreased. Debilitated patients are more prone to the central nervous system effects of benzodiazepines and, therefore, lower doses may be required. Midazolam should be avoided in patients with a medical history of alcohol or drug abuse. Midazolam may cause anterograde amnesia. **Interactions:** Midazolam is metabolised by CYP3A4. Medicinal products that inhibit or induce CYP3A4 have the potential to respectively increase and decrease the plasma concentrations of midazolam and, subsequently, the effects of midazolam, thus requiring dose adjustments accordingly. Pharmacokinetic interactions with CYP3A4 inhibitors or inducers are more pronounced for oral as compared to oromucosal or parenteral midazolam as CYP3A4 enzymes are also present in the upper gastrointestinal tract. Anaesthetics and narcotic analgesics: Fentanyl may reduce midazolam clearance; Antiepileptics: Co-administration may cause enhanced sedation or respiratory or cardiovascular depression. Midazolam may interact with other hepatically metabolised medicinal products, e.g. phenytoin, causing potentiation; Calcium-channel blockers: May either reduce clearance of midazolam and potentiate its action; Dopaminergic agents: Midazolam may cause inhibition of levodopa; Muscle relaxants: Midazolam may cause potentiation of muscle relaxants, with increased CNS depressant effects; Nabilone: Co-administration with midazolam may cause enhanced sedation or respiratory and cardiovascular depression; Ulcer-healing medicinal products: Cimetidine, ranitidine and omeprazole have been shown to reduce clearance of midazolam and may potentiate its action; Xanthines: Metabolism of midazolam is accelerated by xanthines. Grapefruit juice: Reduces the clearance of midazolam and potentiates its action. Please read the SmPC for further information on drug interactions. **Fertility, pregnancy and lactation:** Midazolam may be used during pregnancy if clearly necessary. The risk for newborn infants should be taken into account in the event of administration of midazolam in the third trimester of pregnancy. Breast Feeding: Midazolam passes in low quantities (0.6%) into breast milk and therefore it may not be necessary to stop breastfeeding following a single dose of midazolam. **Effects on ability to drive and use machines:** Midazolam has a major influence on the ability to drive and use machines. After receiving midazolam, the patient should be warned not to drive a vehicle or operate a machine until completely recovered. **Undesirable effects:** Common (≥1/100 to <1/10): sedation, somnolence, depressed levels of consciousness, respiratory depression, nausea and vomiting. Other serious undesirable effects: angioedema. **Refer to the SmPC for details on full side effect profile and interactions.**

UK Basic NHS price: Per pack of 4 oral syringes: 2.5 mg- £82.00, 5 mg- £85.50, 7.5 mg- £89.00, 10 mg- £91.50. **Legal Classification:** POM. **Marketing authorisation (MA):** PLGB 16869/0017-0020. **Name and address of MA holder:** Laboratorios Lesvi S.L. Avda Barcelona, 69, 08970 Sant Joan Despí, Barcelona, Spain. Email: pv-uk@neuraxpharm.com. **PI approval code:** BUCC 20A20214 **Date of preparation:** June 2021

Age range Dose Label colour
3 to 6 months hospital setting 2.5 mg Yellow
>6 months to <1 year 2.5 mg Yellow
1 year to <5 years 5 mg Blue
5 years to <10 years 7.5 mg Purple
10 years to <18 years 10 mg Orange

UK: Adverse events should be reported to the Medicines and Healthcare products Regulatory Agency. Reporting forms and information can be found at: : www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Ireland: Adverse events should be reported to the Pharmacovigilance Unit at the Health Products Regulatory Authority (medsafety@hpra.ie). Information about Adverse Event reporting can be found on the HPRA website (www.hpra.ie).

UK & Ireland: Adverse events should also be reported and additional information on our products is available on request from Neuraxpharm UK Ltd pv-uk@neuraxpharm.com

Reference: 1. BUCCOLAM® Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/ (accessed July 2022).

NXUK/0622/07 DOP: July 2022

NEURAXPHARM®
Your CNS Specialist

BUCCOLAM®
MIDAZOLAM OROMUCOSAL SOLUTION

Buccolam Weekly Check Sheet

Student's name:

Date	Batch no. & expiry date	General condition (e.g. Label intact & clear / No damage / needs replacing)	Recorder's Name

Weekly checks are for the Buccolam Tubes with adhesive seal.
Newest style tubes do not need checking – see appendix 5 information sheet