Intranasal/buccal Midazolam for Seizure Rescue

Compounded Formula Using Parenteral Midazolam

Dose: 0.2-0.3 mg/kg, maximum dose of 10 mg

- Use 5 mg/mL parenteral dosage form
- Draw appropriate dose into a syringe
- Optionally: pretreat nasal mucosa with local lidocaine to decrease burning sensation (possible, but not necessary)
- Attach an atomizer device to the end of the syringe containing midazolam (e.g., https://www.teleflex.com/usa/en/product-areas/anesthesia/atomization/mad-nasal-device/index.html)
- Inject the dose into a single nostril or divide the dose between both nostrils for volumes >0.4
- Alternatively, the midazolam dose can be dripped into the nostrils, with half of the dose in one
 nostril and the other half in the other nostril, or sprayed via a syringe between the teeth and
 cheek to the side of the mouth
- Monitor seizure activity, respirations, heart rate, and sedation.

References

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Scott RC, et.al. Buccal midazolam and rectal diazepam for treatment of prolonged seizures in childhood and adolescence: a randomised trial. Lancet. 1999; 353: 623-626.

Rectal Diazepam for Seizure Rescue

Compounded Formula Using Parenteral Diazepam

Dose: 0.2-0.75 mg/kg, maximum single dose of 10 mg

Option 1

- Draw up the appropriate dose into a syringe
- Administer the dose rectally
- Hold cheeks of buttocks together to minimize leakage.

Option 2

- Mix parenteral diazepam with a 50% solution of propylene glycol in water to a concentration of 1 mg/mL.
- Store in glass container. Compounded mixture should be stable for several months
- o Draw up correct dose using a syringe with rubber tube attached.
- Administer the dose rectally using the rubber tube.
- o Hold cheeks of buttocks together to minimize leakage.

References

O'Sullivan CO, Harvey AS. The use of rectal diazepam for the treatment of prolonged convulsions in children. Aust Prescr 1998;21:35-6.

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