

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

**NT Health Alcohol and Other Drugs Midazolam SSTP
Approval**

I, Christine Maree Connors, Chief Health Officer:

- (a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 26 March 2025

EDOC2025/78430

Chief Health Officer

Schedule A

Title	Publication Date	Author
Midazolam for Seizure Management Alcohol and Other Drugs (AOD) SSTP	26 March 2025	Top End Mental Health Alcohol and Other Drugs, Northern Territory Government, Department of Health

Midazolam for Seizure Management Alcohol and Other Drugs (AOD) SSTP

Areas Applicable	Northern Territory Alcohol and Other Drugs Services and associated Withdrawal Units								
Health Professionals authorised by this SSTP	Registered Nurses (RN), Midwives, and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health								
Scheduled Substance(s)	Midazolam 5mg/mL ampoules								
Indication	Adults and children aged 12 years and older who are ≥ 30 kg displaying seizure activity which does not resolve within 2 minutes.								
Contraindications and/or Exclusions*	<p>This protocol cannot be used where:</p> <ul style="list-style-type: none"> the client has a known allergy to benzodiazepines The seizure activity lasts for less than two minutes 								
Dose, Route and Frequency	<p>If seizure activity has exceeded 2 minutes administer the following dose for patients aged 12 years and older who are 30kg or greater:</p> <table border="1"> <thead> <tr> <th>Route</th><th>Dose</th></tr> </thead> <tbody> <tr> <td>Intranasal</td><td>10mg (2 mL)</td></tr> <tr> <td>Buccal</td><td>10mg (2 mL)</td></tr> <tr> <td>Intramuscular Injection</td><td>5mg (1 mL)</td></tr> </tbody> </table> <p>Typical response time is 2 to 3 minutes.</p> <p>If seizure activity occurs again, or continues, within 5 minutes of the 1st dose:</p> <ul style="list-style-type: none"> Administer a second dose A maximum of two doses for any patient is authorised under this protocol. Further doses require a prescribers order 	Route	Dose	Intranasal	10mg (2 mL)	Buccal	10mg (2 mL)	Intramuscular Injection	5mg (1 mL)
Route	Dose								
Intranasal	10mg (2 mL)								
Buccal	10mg (2 mL)								
Intramuscular Injection	5mg (1 mL)								
Administration	<ul style="list-style-type: none"> Intranasal – administer using atomiser, or 2 to 3 drops into each nostril (alternating nostrils) until the total dose is administered <p>OR</p>								

	<ul style="list-style-type: none"> Buccal – administer (without needle) total dose slowly between cheek and teeth of side lowest to ground <p>OR</p> <ul style="list-style-type: none"> Intramuscular injection – STAT dose injected deep into large muscle. Preferred site for injection is anterolateral thigh
Drug Interactions*	<p>Some medicines, including fluconazole, erythromycin, clarithromycin, diltiazem and verapamil, can increase the level and/or effect of midazolam. Careful monitoring of respirations and oxygen saturation is required in these clients.</p> <p>Some epilepsy medicines, including phenytoin and carbamazepine, can decrease the level and/or effect of midazolam. Higher doses may be required in these clients.</p> <p>Enhanced effects of sedation, respiratory depression (apnoea) and haemodynamic instability when co-administered with other central nervous system depressants, i.e. alcohol; other benzodiazepines and skeletal muscle relaxants; antipsychotics or narcotic analgesics.</p>
Monitoring requirements*	<p>In the event of a seizure the following should be completed:</p> <ul style="list-style-type: none"> Initial first aid assessment: Danger, Response, Send for help, Airway, Breathing, Cardiopulmonary resuscitation, Defibrillation (DRS ABCD) Call an ambulance (000) or Code Blue (dependant on site procedure) and transfer to hospital Place in recovery position - if pregnant, left lateral tilt If breathing obstructed or noisy – insert nasopharyngeal or oropharyngeal airway Give oxygen to target oxygen saturation 94% to 98% or if moderate/severe Chronic Obstructive Pulmonary Disease, target oxygen saturation 88% to 92% Check weight and Blood Glucose Levels Check Glasgow Coma Scale (GCS)/pupils and manage appropriately DO NOT LEAVE CLIENT Record time of seizure, type of seizure, length of seizure and medications administered Contact AOD Medical Officer if not on site (e.g. On Call Medical Officer for AOD inpatient unit) Continuous observations - GCS, pupils, temp, Heart Rate, Blood Pressure, Respiratory Rate and oxygen saturation until transfer to hospital Emergency Department or as advised by medical officer Monitor and manage airway if necessary as midazolam depresses breathing
Health Professional Accreditation Requirements	<p>Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:</p> <p>Nurses and Midwives:</p>

	<ul style="list-style-type: none">• Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal Health Practitioners:</p> <ul style="list-style-type: none">• Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patient <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none">• Hold a current Basic Life Support certificate or Provide First Aid certificate; and• Maintain continuing professional development related to skills and competencies required for the delivery of medicines; and• Clinicians must be satisfied that the medicine can be administered safely to the client and are responsible for ensuring their own competency in both technical administration and knowledge of the medicine/s to be injected.		
Documentation	<ul style="list-style-type: none">• Complete all clinical documentation requirements as outlined by the Health Service<ul style="list-style-type: none">○ All medications administered to a client must be documented in the medication section of the patient's record (e.g. eMMA record, paper chart)○ All actions and treatment by nursing/ATSIHP staff to be recorded in patients notes.○ Document specific medicine administered, route, strength, dose and indicate they have been administered as per Midazolam for Seizure Management SSTP.• Midazolam is a Restricted Schedule 4 medication and it's use must be recorded in the RS4 register		
Related Documents	<ul style="list-style-type: none">• Remote Primary Health Care Manuals. (2022). CARPA Standard Treatment Manual (8th edition). Chapter 2: Emergencies & Assessments, Section: "Fits-Seizures"• Australian Medicines Handbook• Alcohol and Other Drugs Withdrawal Clinical Practice Guideline• Alcohol Withdrawal TEHS Hospitals Guideline• Alcohol Withdrawal Management (Inpatients) CAHS Guideline		
Chief Health Officer	Signature	Name	Date
	EDOC2025/78430	Adj Prof Christine Connors	26/03/2027
Period of effect	This SSTP remains in force until 26/03/2027 unless revoked earlier		
References:			

* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration