

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

**NT Health Watchhouse Midazolam SSTP
Approval**

I, Christopher Paul Burgess, 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

07/05/2025

EDOC2025/114456

Chief Health Officer

Schedule A

Title	Publication Date	Author
Midazolam for Seizure Management Scheduled Substance Treatment Protocol (SSTP)	07/05/2025	Population and Primary Healthcare, Northern Territory Government, Department of Health

Midazolam for Seizure Management Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	Northern Territory Police Watch Houses & Darwin Sobering Up Shelter								
Health Professionals authorised by this SSTP	Registered Nurses (RN) and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHP) employed by or contracted to NT Health								
Scheduled Substance(s)	Midazolam 5mg/mL plastic ampoules								
Indication	Adults and children aged 12 years and older who are 30kg or heavier displaying seizure activity which does not resolve within 2 minutes.								
Contraindications and/or Exclusions*	This protocol cannot be used where: <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>If seizure activity continues for 5 minutes after first 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. 	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 2-3 drops into each nostril (alternating nostrils) until the total dose is administered <p>OR</p> <ul style="list-style-type: none"> Buccal – (use if nose is blocked) administer total dose slowly between cheek and teeth 								

	<p>OR</p> <ul style="list-style-type: none"> Intramuscular injection – preferred site for injection is anterolateral thigh <p>Immediately phone the;</p> <ul style="list-style-type: none"> Duty Medical Officer (DMO) (Top End & Big Rivers Region) or Ambulance (East Arnhem Region) Medical Retrieval and Consultation Centre (MRaCC) (Central Australia Region) Ambulance (Barkley Region) <p>for further management as soon as possible. Medical Evacuation is required for all clients who have seizure in custody unless otherwise stated by DMO/ MRaCC</p>
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>
Monitoring requirements*	<p>Assess client's past history and potential causes of seizures and/or injuries sustained during the seizure to assist in DMO, Ambulance, and MRaCC consultation:</p> <ul style="list-style-type: none"> Sepsis Epilepsy Hypoglycaemia Fever Meningitis Stroke/CVA Acute Brain Injury Eclampsia in pregnancy Alcohol Withdrawals <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) Calculate age appropriate Remote Early Warning Score (REWS) Place in recovery position - if pregnant, left lateral tilt. If breathing obstructed or noisy – insert nasopharyngeal or oropharyngeal airway

	<ul style="list-style-type: none"> • Give oxygen to target oxygen saturation 94-98% or if moderate/severe Chronic obstructive pulmonary disease, target oxygen saturation 88-92% • Check weight and Blood Glucose Levels • Check Glasgow Coma Scale (GCS)/pupils and manage appropriately • DO NOT LEAVE CLIENT. • Continuous observations - GCS, pupils, temp, Heart Rate, Blood Pressure, Respiratory Rate and oxygen saturation until transfer to hospital Emergency Department or as advised by DOM/ MRaCC • Monitor and manage airway if necessary as midazolam depresses breathing • Record duration of seizure and medications administered
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 <p>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.</p>
Documentation	<ul style="list-style-type: none"> • Complete all clinical documentation requirements as outlined by the Health Service • All information regarding event to be documented in the electronic health record. Document specific medicine administered, route, strength, dose and indicate they have been administered as per Midazolam for Seizure Management SSTP. • Each separate dose to have a corresponding service item 'administer medication' • Midazolam is an RS4 medication and it's use in must be recorded in the RS4 register

Midazolam for Seizure Management in NT Police Watch Houses & Sobering Up Shelter Service SSTP

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”• PCIS guides• Australian Medicines Handbook		
Chief Health Officer	Signature	Name	Date
	EDOC2025/114457	Adj Prof Paul Burgess	07/05/2025
Period of effect	This SSTP remains in effect until 07/05/2027 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			