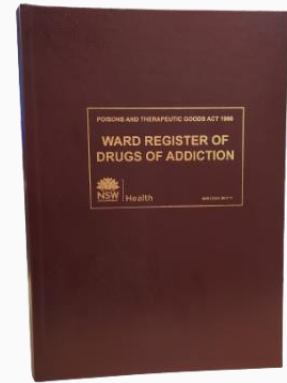


Midazolam Register

- We will be transitioning to the use of Ward Register Books to track our stored midazolam.
- Audit conducted on 24/07/2024, showing overall incorrect adherence.
- Plan of action is to switch to Ward Register books to track instead of our current paper register.
- **Checks must be conducted one a week, and must be conducted by two people, exactly how drugs are checked in the ward.**
- Ongoing research and discussion regarding use of drug safes. For now continue the same method.



Setting Up the Register

Please follow the following images on the next slides.

Label on the front with clinic name and date commenced.

Drug name, dose and type in index with page labelled.

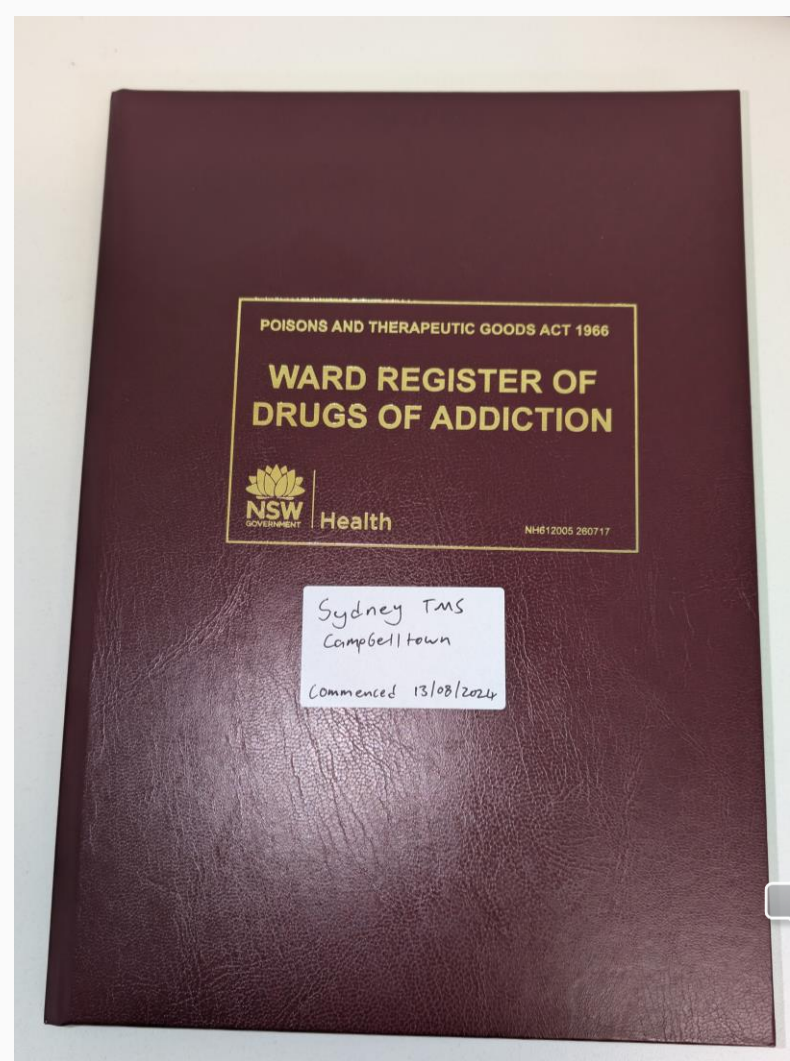
Page filled out with drug name, dose and type at the top and clinic name as well.

Note that it was transferred from our paper register at the bottom with an Asterix.

Back page should have the clinic name, contact details, medical officer responsible (Dr Jason Pace) and the date commenced.



Front Cover



Records Page

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966

Drug (name strength form) Mida2olam 5mg/mL Ampoules for Injection Ward Sydney TMS Campbelltown

Date	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person witnessing, supervising or directing	Signature of person witnessing, supervising or directing	Comments/ Professional Registration number if applicable
*13/08/24		Transferred Balance from Page: <u>Refering</u>				<u>3</u>		<u>Scott M</u>	<u>[Signature]</u>			
Transferred Balance to Page:												

Footnotes: #13/08/24 1335 hours, transferred from paper records. [Signature]

8



Back Page

Owner:

Sydney TMS Campbelltown

1300 177 144

info@sydneytms.com.au

MO: Dr Jason Pace (psychiatrist).

Gt.O2, 2 Centennial Drive, Campbelltown, NSW, 2560

Commenced 13/08/2024.



Seizure Policy



Emergency Care Institute
Agency for Clinical Innovation

The NSW Health Agency for Clinical Innovation has introduced ECAT's for emergency seizure management.

ECAT = Emergency Care Assessment and Treatment.
Guidelines for nurse-initiated treatment.

Changes have been made to seizure policy, please read the new policy in the July/August STMS Update email.




Seizure Policy - What's Changing?


Midazolam now to be administered after 3 minutes of seizure activity rather than 2.



Maximum dose to be given intranasally is 10mg. 5mg given 3 minutes after constant seizure activity, and then if seizure has not stopped 10 minutes after that, another 5mg. No more doses to be given.



All information about seizure, doses and other clinical information must be handed over to NSW Ambulance Staff, and NSW Ambulance must be called first and foremost.



Seizure Policy - What's Changing?

- Oxygen use remains as normal, always administer if there is seizure activity and if airway and breathing are intact.
- Integration of pulse oximeters/BP machines with spare batteries in every treatment room for use in oxygen titration and general monitoring in emergencies only.
- Removal of PPE steps in the current policy, as intranasal route does not require aseptic technique. Standard precautions must still be followed due to body fluid exposure risk.
- Aim for 2 ampules per room. Midazolam will be replaced every 6 months (due to expiry once out of foil package).
- Cease protocol and begin DRSABCD if breathing stops or airway is not patent/intact.



Seizure Policy - What's Changing?

In the same email attached, you'll find the PDF of the seizure policy, the flow chart, and DRSABCD.

Please print and place these in each clinic room.

Place the flow chart and DRSABCD chart in a clear and accessible place in the clinic, for example on the wall or on the top of the machine (suggested) using blue tack or similar.

