Mid Essex Hospital Services NHS
NHS Trust

Supply and Use Midazolam 5mg/ml and 2mg/ml Injections	**Policy** **Register No: 09077** **Status: Public**

Developed in response to:	NPSA/2008/RRR011
Contributes to CQC Outcome number:	9

Consulted With	**Post/Committee/Group**	**Date**
Alison Bloor	Lead Pharmacist Critical care and Theatres	January 2018
Professionally Approved By	Medicines Optimisation and Safety Group – Chair's approval	March 2018

Version Number	3.0
Issuing Directorate	Pharmacy
Ratified by:	DRAG Chairmans Action
Ratified on:	18 June 2018
Trust Executive Board Date	August 2018
Implementation Date	17 July 2018
Next Review Date	May 2021
Author/Contact for Information	Alison Felton
Policy to be followed by (target staff)	All Clinical staff responsible for the storage of medicines in clinical areas
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Trust policies for Management of Medicines and Guidelines for the Management of Medication Errors, Reporting, Investigating & Learning from Incidents policy, Near Misses, Training Needs Analysis, Injectables policy and Adverse Drug Reactions, Controlled Drug policy

Document Review History

Version No	Authored/Reviewed by	**Issue** Date
1.0	Jane Giles	28th August 2009
2.0	Lesley Stuart	November 2014
2.1 P3, 5.1 spelling	Lesley Stuart	February 2015
3.0	Alison Felton	17 July 2018

Index

1. Purpose

1.1 This policy describes the supply and use of Midazolam 5mg/ml and 2mg/ml injection within Mid Essex Hospital NHS Services Trust (MEHT) and is issued to comply with guidance issued by the National Patient Safety Agency (NPSA) NPSA/2008/RRR011

1.2 Midazolam injection is available in various strengths; there is a risk that the entire contents of the vials of the stronger preparations may be used when only a fraction is required. The dose available in the high strength vials exceeds the dose required for most patients and doses are not often titrated to individual patient requirements.

1.3 To reduce or eliminate these identified risks, the NPSA issued an alert requiring Trusts to:

- restrict the availability of the stronger strengths of midazolam injection
- review therapeutic protocols involving the use of midazolam
- ensure that stocks of flumazenil are available wherever midazolam is used

2. Scope

2.1 This policy applies to all hospital in-patients.

3. Training

3.1 Training is delivered in accordance with the training needs analysis (Learning & Development strategy).

4. Equality & Diversity

4.1 MEHT is committed to the provision of a service that is fair, accessible and meets the need of all individuals.

5. Storage and Handling of Midazolam 2mg/ml and 5mg/ml

5.1 In MEHT midazolam preparations are treated in a similar fashion to Schedule 2 Controlled Drugs and as such clinical areas are not expected to hold routine stock of the agents, exceptions will be areas such as the following where it is deemed appropriate:

- Intensive Therapy Unit
- Burns High dependency/ITU
- Theatres Broomfield
- Broomfield A&E (Resuscitation)
- DSU Broomfield
- Endoscopy

Other units requesting the stronger preparations will be required to provide clear evidence of the need for the preparation and why the less concentrated solution is not appropriate - for example for use in a 24hr syringe driver where volume is restricted.

5.2 Midazolam is treated as a Schedule 2 Controlled Drug (CD) within MEHT. Ordering will be by a Registered Nurse requesting a supply using CEDAR.

5.3 The Pharmacy department will monitor all issues of midazolam.

5.4 When received by the ward the midazolam should be stored in the CD cupboard and entered in the CD register.

5.5 Midazolam in all of its strengths will **NOT be** transferred between ward areas.

5.6 In the unlikely event that a supply of midazolam is required outside of Pharmacy's opening hours, authorisation to transfer ampoules of midazolam from one ward area to another must be given by the on-call pharmacist.

6. Preparations of Dilute Midazolam

6.1 Midazolam is available as a 1mg/ml solution in 5ml and 50ml vials; these are not subject to the same scrutiny as the stronger solutions.

6.2 **All** midazolam supplies will be ordered using CEDAR or the ward CD book and stored in the CD cupboard.

6.3 All clinical areas using midazolam will hold flumazenil as a stock item.

7. Monitoring

7.1 The Pharmacy department has a responsibility for monitoring all prescribing and administration of medicines. This is done daily by the intervention reporting scheme and a full report is presented to the Medicines Optimisation and Safety Group (MO&MSG) bimonthly.

7.2 The Chief Pharmacist monitors the use of all controlled and scheduled medicines using the ADiOS software and any unexplained or unusual prescribing trends will be investigated

7.3 Significant prescribing errors identified will also be reported using the Risk Event Form following the Trust's Investigating & Learning from Incidents policy and fed back to the MO&MSG.

7.4 The MO&MSG is a group made up of wide representation of stakeholders who meet bimonthly within MEHT and any action plans will be allocated as appropriate.

7.5 Any administration errors will be referred to the Nursing Directorate who will investigate the matter.

7.6 Key learning points will be disseminated by a Drug Safety Bulletin every 2 months which shall be attached to the Trust's weekly newsletter "Focus".

8. Communication

8.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's internet and highlighted via Focus.

8.2 Areas of this policy relevant to Nursing Staff will be addressed at the mandatory Medicines Management training for nurses delivered by the Pharmacy Department.

9. References

NPSA Safety Alert NPSA/2008/RRR011 Reducing risk of overdose with midazolam injection in adults