Treatment of Prolonged Seizures and Prevention of Status Epilepticus
With Buccal Lorazepam or Midazolam

Prolonged tonic-clonic seizures or clusters of shorter seizures left untreated can sometimes lead to status epilepticus. Status epilepticus is a prolonged seizure that continues for 30 minutes or longer. Prompt treatment within 3-5 minutes can stop a seizure from becoming prolonged or status epilepticus. Visits to an emergency room might be avoided if seizures are treated early.

Buccal lorazepam or midazolam offers a safe, effective and easy way to prevent a seizure from progressing. Buccal medication is given between the gums and the cheek.

Both lorazepam and midazolam are absorbed well in the cheek and are easy to use by caretakers.

Side effects of lorazepam and midazolam are not common but can include sleepiness for 1-2 hours, agitation, restlessness and shallow breathing. Overdose can cause breathing to stop, so never give more than the recommended dose.

The dose below of lorazepam or midazolam, available as 2mg/ml oral syrup, has been prescribed by your doctor:

Lorazepam_________________________
Midazolam_________________________

If a seizure continues 5 minutes after this medicine is given, call 911.

If a long seizure or clusters of seizures happen again the same day, lorazepam or midazolam can be repeated if needed one hour after the first dose was given.

Check expiration date on medicine bottle. Lorazepam expires 90 days after the bottle is opened and needs to be refrigerated. Midazolam can be stored at room temperature. There is no specific expiration date for midazolam syrup when opened. It is usually recommended that you replace the bottle at least once a year.
Directions for giving lorazepam or midazolam are as follows:

Open the medicine bottle and insert a new sterile 1mL or 3mL syringe to draw up the correct amount of medicine. **No needles are needed.**

If the person is in a chair and has no head support, support the head by standing behind him and holding his chin. Be careful not to press on the throat.

If the person is lying on the floor or is in a chair with a head support in place, hold the chin to keep the head steady and turn the head to one side.

Open the mouth gently by holding the chin, apply downward pressure on the lower lip and wipe away any excess saliva. Do not try to part the teeth.

Place the syringe between the lower gum and the cheek on one side of the mouth. Slowly give half the amount of medicine into the mouth. Remove the syringe. Close the lips together and rub the cheek on the outside. Repeat this on the other side of the mouth to give the rest of the medicine.
Do not give the medicine too quickly, as this may cause the person to choke or swallow it. If a small amount is swallowed, it is not a problem.

Place the person on his side. Watch for ongoing seizure activity and signs of breathing problems. CALL 911 if you see:
- No air movement at mouth or nose
- Gasping
- Blue color of the lips/face
- If breathing stops give rescue breaths until help arrives.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 9/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7212.