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A MATTER OF TASTE? ASSESSMENT OF MIPROSED A NEW MIDAZOLAM FORMULATION

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Introduction

Midazolam is the most common drug prescribed as a sedative pre-medication in paediatric anaesthetic practice [1]. The standard, unlicensed, oral suspension Amsed® (2.5mg/ml multi dose bottle, 100ml) has a very bitter taste and is notorious in our institution for being spat out by the patient. Miprosed® [2] (5mg/ml, single dose bottle 7.5ml) is a new formulation of liquid midazolam licensed for sedation in children. It has an orange flavour which is claimed to be more palatable. The aim of the assessment was to see whether Miprosed® was acceptable to our patients, whether it worked as a premed and the practicalities of using single dose bottles compared to our standard formulation.

Method

Our pharmacy was given 20 doses of Miprosed® to use. The formulation was added to our electronic prescription system and a proforma was developed to capture data. Prescription was confined to the day surgery ward and a cohort of 4 nurses were recruited to ensure consistency in administration, assessment and data capture. We looked at ward based issues of storage, prescription, ease of drawing up and disposal, method of administration and patient acceptance. Once administered the children were asked to rate the taste using a 6 point faces scale where 0 was considered very nice and 5 horrible. Any comments made by the patients and their parents were also documented. Effectiveness of the premed was assessed by the anaesthetist on arrival in the anaesthetic room.

Results

19 were administered appropriately. The ward CD cupboard could easily store 20 doses. There were no issues reported with the prescription, drawing up or disposal of the drug. 18 doses were given by syringe, the other in a cup. 11 patients took the medicine, 5 needed some encouragement and 3 spat it out. A faces score of 3 and over was considered unpleasant tasting. 5 patients scored 0, 2 scored 2 the remaining 12 scored 3 and over, 7 of whom scored 5. Of the 16 children who ingested the drug, 12 were happy and compliant 2 were asleep, 1 was tearful and compliant and 1 was considered to have a partial effect but was also compliant.

Discussion

The majority of our patients did not like the taste, however acceptability was high with only 3 doses spat out. Parents commented that the smaller volume and watery consistency of the formulation was an advantage. The ward nurse were very positive about using it. Unlike Amsed®, Miprosed® dissolves completely in juice, thus masking the taste could further improve compliance. Once

ingested it works well as a premed. It costs £0.48/mg whereas Amsed® is £0.35/mg, however this could be considered insignificant when compared to a wasted theatre slot.

References

1. Miprosed 5mg/ml Oral Solution - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) (accessed 25/10/2022)
2. Kain ZN, Caldwell-Andrews AA, Krivutza DM, Weinberg ME, Wang SM, Gaal D. Trends in the practice of parental presence during induction of anesthesia and the use of preoperative sedative premedication in the United States, 1995-2002: results of a follow-up national survey. *Anesthesia and Analgesia* 2004; 98: 1252–9.