Methods 24 children registered with General Practitioners and who had buccal midazolam on their repeat prescription records were identified.

Results Of the 24 children included in the study, 12 were in mainstream school and 12 were in special needs school. 15 children were on antiepileptic drugs. 10 children had generalised tonic–clonic seizures with or without absences, 7 had focal or multifocal seizures plus generalised tonic–clonic seizures (secondary generalised), 4 had focal seizures, 2 had multifocal seizures, and 1 child had absence seizures occurring in clusters. 1 child had focal seizures lasting less than 5 min (but was prescribed buccal midazolam due to parental anxiety). 23 children had seizures lasting more than 5 min. 22 children were under the care of a hospital consultant. 2 children had been discharged and GPs were asked to stop midazolam; but continued to be on repeat prescriptions. 21 children were on the appropriate dose according to BNF. 23 children had reference to a written management plan with 19 having a copy in the notes. 17 children had documented evidence of training delivered to parents. 19 had written evidence of training delivered to parents. 1 child had an emergency plan at school. 10 children had used buccal midazolam in the community.

Conclusion Majority of the prescriptions were in accordance with the NICE guidelines and on the appropriate dose. All but 1 child had a written management plan but only 19 were available in notes. The fact that 2 children were still on the list of repeat prescription by the GP even after discharge was worrying and would not have come to attention if it was not for the audit.

Results A total of 17 case-notes were audited. A detailed sleep history was documented in only 1 case. Only 12% of cases were given verbal advice on sleep hygiene, prior to starting melatonin, and received sleep support whilst on melatonin. Paediatricians requested sleep hygiene support from Primary care in 6% of children. A sleep-diary was never used to monitor sleep at any stage of management. Children taking melatonin ranged from 1 to 8 years, with one child on melatonin for 12 years. Given dosages of melatonin were ranged from 2 mg to 12 mg.

Conclusion This audit highlighted the need for the development and implementation of evidence-based melatonin guidelines for Paediatricians, a sleep tool-kit for health professionals to help conduct a more effective sleep interview and sleep information to help support families establish good sleep hygiene in their children. So far, a melatonin guideline and sleep support tool-kit has been developed and circulated to relevant stakeholders. This has resulted in better prescribing practice, sleep support for families and a reduction in melatonin prescribing. Following the introduction of the guidelines, the preliminary results on the melatonin expenditure concluded a cost saving amount of £5651 over a period of 5 months, April to August 2014, compared to the same time period in 2013. These initial results are quite promising in predicting a larger saving in the future.