# Midazolam was used to end the lives of thousands who you were told had died of Covid-19 & an NHS document proves Staff were ordered to do it

**Source:**
https://dailyexpose.uk/2021/08/02/nhs-staff-ordered-to-overdose-patients-with-midazolam-for-covid19/

**An official NHS document proves that NHS staff were told respiratory depressing drugs "should not be withheld due to inappropriate concerns" about using them to treat Covid-19; a respiratory disease.**

***Midazolam can cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death, and UK regulators state that you should only receive midazolam in a hospital or doctor's office that has the equipment that is needed to monitor your heart and lungs and to provide life-saving medical treatment quickly if your breathing slows or stops.***

The drug, which is criminally used in palliative care in the United Kingdom despite not being on the WHO's list of essential palliative care medicines, should also be used with extreme caution in elderly patients.

***But despite this, Matt Hancock and the Department of Health ordered two years worth of Midazolam in March 2020 in response to the introduction of the first lockdown. A two year supply that was depleted by October of the same year.***

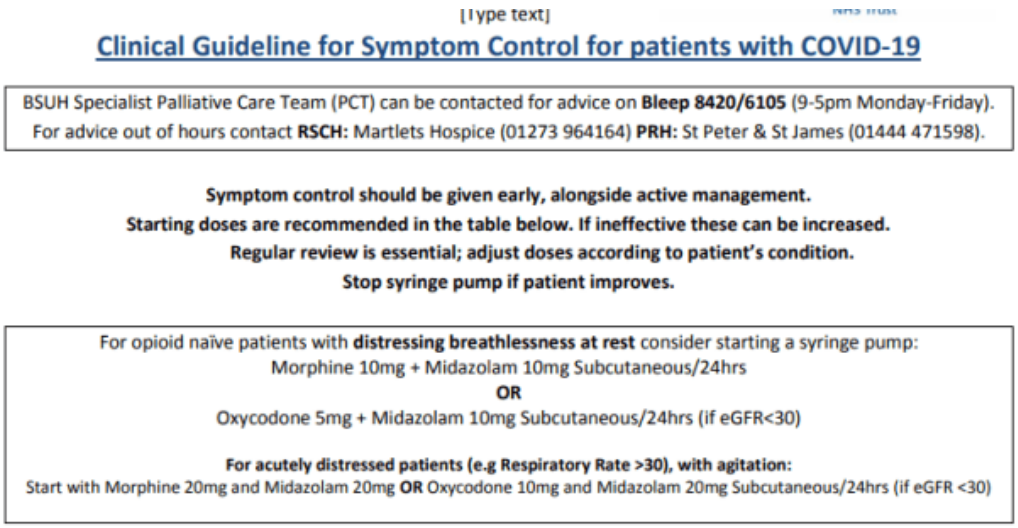
**The reason being that the elderly and vulnerable were denied treatment by the NHS; a policy that was part of a pandemic response four years in the planning, and instead put on end of life care which involved withdrawing their medication, depriving them of food and water, and pumping them full of midazolam and morphine until they died of starvation and dehydration.**

**Evidence suggests that the drug midazolam was used to prematurely end the lives of thousands upon thousands of people in the United Kingdom who you were told had died of Covid-19, and this can be**

**clearly seen from the data on out of hospital prescribing for midazolam coinciding with the waves of all cause deaths and Covid-19 deaths in the UK, as well as the Amnesty and CQC reports which found the blanket use of Do Not Resuscitate orders being used in care homes without informing the residents or their families.**

Serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency. Therefore typical symptoms include **breathlessness**, cough, weakness and fever. We're also told that people who suffer deteriorating **respiratory failure** and who do not receive **intensive care**, develop acute **respiratory distress** syndrome **with** severe breathlessness.

**Despite this, NHS staff were told in 'clinical guidance for symptom control for patients with Covid-19' that excessive doses of morphine and midazolam should be given to ease the symptoms of Covid-19.**



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Clinical Guideline for Symptom Control for patients with COVID-19

BSUH Specialist Palliative Care Team (PCT) can be contacted for advice on **Bleep 8420/6105** (9-5pm Monday-Friday).
For advice out of hours contact **RSCH:** Martlets Hospice (01273 964164) **PRH:** St Peter & St James (01444 471598).

**Symptom control should be given early, alongside active management.**
**Starting doses are recommended in the table below. If ineffective these can be increased.**
**Regular review is essential; adjust doses according to patient's condition.**
**Stop syringe pump if patient improves.**

For opioid naïve patients with **distressing breathlessness at rest** consider starting a syringe pump:
Morphine 10mg + Midazolam 10mg Subcutaneous/24hrs
**OR**
Oxycodone 5mg + Midazolam 10mg Subcutaneous/24hrs (if eGFR<30)

**For acutely distressed patients (e.g Respiratory Rate >30), with agitation:**
Start with Morphine 20mg and Midazolam 20mg **OR** Oxycodone 10mg and Midazolam 20mg Subcutaneous/24hrs (if eGFR <30)

The drug label information for Midazolam on the US National Library of Medicine clearly states that "Midazolam hydrochloride must never be used without individualization of dosage. The initial intravenous dose for sedation in adult patients may be as little as 1 mg, but should not exceed 2.5 mg in a normal healthy adult. Lower doses are necessary for older (over 60 years) or debilitated patients"

Individualization of Dosage

Midazolam hydrochloride must never be used without individualization of dosage. The initial intravenous dose for sedation in adult patients may be as little as 1 mg, but should not exceed 2.5 mg in a normal healthy adult. Lower doses are necessary for older (over 60 years) or debilitated patients and in patients receiving concomitant narcotics or other central nervous system (CNS) depressants. The initial dose and all subsequent doses should always be titrated slowly; administer over at least 2 minutes and allow an additional 2 or more minutes to fully evaluate the sedative effect. The use of the 1 mg/mL formulation or dilution of the 1 mg/mL or 5 mg/mL formulation is recommended to facilitate slower injection. Doses of sedative medications in pediatric patients must be calculated on a mg/kg basis, and initial doses and all subsequent doses should always be titrated slowly. The initial pediatric dose of midazolam for sedation/anxiolysis/amnesia is age, procedure, and route dependent (see DOSAGE AND ADMINISTRATION for complete dosing information).

**But despite this, NHS staff were told to up the dosage of Midazolam in all Covid-19 patients if they were suffering "persistent anxiety or agitation". At no point were they instructed to individualise doses based on the age or frailty of the patient.**

For all other COVID-19 patients, please ensure the following symptoms are considered and PRN/regular medication prescribed:

| Symptom | Recommendation |
|---|---|
| **Breathlessness+/- Pain**<br>Opioids reduce the sensation of breathlessness | **If opioid naïve & eGFR>30:**<br>Morphine sulfate Injection 2.5mg S/C PRN, Max. Hourly<br>**OR**<br>Morphine sulfate Immediate Release Liquid 5mg PO PRN, Max. Hourly (if oral route possible)<br>**If opioid naïve & eGFR<30:**<br>Oxycodone Injection 1.25mg S/C PRN, Max. Hourly<br>**OR**<br>Oxycodone Immediate Release Liquid 2.5mg PO PRN, Max.Hourly (if oral route possible) |
| **Respiratory secretions**<br>*Do not use suction* | Glycopyrronium 400microg S/C TDS PRN<br>**If persistent respiratory secretions**: add Glycopyrronium 1.2mg/24hours to subcutaneous syringe pump (max 2.4mg /24hours). |
| **Agitation** | Midazolam 2.5mg S/C PRN, Max. Hourly<br>**If persistent anxiety or agitation:** add Midazolam 10mg/24hours to subcutaneous syringe pump.<br>**OR**<br>Lorazepam 0.5mg Sublingual PRN QDS (if oral route possible) |
| **Nausea/vomiting** | Haloperidol 1mg S/C PRN QDS |

**The warning label states that because of the "danger of hypoventilation, airway obstruction, or apnoea is greater in elderly patients and those with chronic disease states or decreased pulmonary reserve, and because the peak effect may take longer in these patients, increments should be smaller and the rate of injection slower."**

Perhaps NHS staff also knew this, but they were [told within the clinical guidance] provided to them that their concerns were “inappropriate”.

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***NB. Opioid and anxiolytics should not be withheld due to inappropriate concern about respiratory depression.***
***More detailed symptom control and prescribing guidance is available on BSUH Microguide.***
***If 1st line drug or syringe pump not available contact palliative care team for alternative advice***

**Confidential NHS documents clearly show that the elderly and vulnerable were to be denied treatment and put on the end of life pathway in response to a pandemic, and the evidence clearly shows this was put into practice.**

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