

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – BUCCAL CLONAZEPAM

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Buccal Clonazepam		Training Record RN Initial & Date
<i>Buccal Clonazepam is an emergency medication used to treat occasional increased seizures in people with epilepsy.</i>		
A. States purpose of procedure and location of student’s medication in the school. Medication is secured at room temperature.		
B. Identifies supplies – seizure log, gloves, medication, tissues/wipes/washcloth		
C. Procedure:		
1. At onset of seizure, document time seizure started on the seizure observation record.		
2. Position student safely on side, observing skin color and breathing effort.		
3. Asks another adult to bring student’s Seizure Action Plan, medication and supplies to student.		
4. With another staff person, check Provider order for medication, dose and route of administration.		
5. Perform hand hygiene and put on gloves.		
6. Open the medication package by peeling back the foil.		
7. Remove tablet from package, making sure your glove is dry.		
8. Gently pull the side of the mouth out that is closest to the floor. Without putting fingers too far into mouth gently insert tablet between the cheek and gum (buccal space).		
9. Once Clonazepam is given, continue to observe the student. If able and appropriate based on seizure activity, keep the student on their side facing you.		
10. Document the time the medication was given and when the seizure stops on the seizure observation record. Continue to observe.		
11. Call EMS (911) if indicated in Seizure Action Plan orders and provide them with a copy of plan.		
12. Notify parents, nurse consultant and other appropriate personnel as directed in seizure action plan		
Competency Statement		Training RN Signature & Initial
Buccal Clonazepam: Describes emergency response to seizure and demonstrates correct performance of simulated buccal clonazepam administration.		
DELEGATION AUTHORIZATION		
I have read the care/medication plan, been trained and am competent in the described procedures for Buccal Clonazepam. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.		
Delegatee Signature: _____	Delegation Decision Grid Score _____	Date _____
Delegating RN Signature: _____	Initials _____	Date _____

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RN Initial & Date	<p align="center">Procedure</p> <p align="center">√ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Seizure emergency management response <input type="checkbox"/> Buccal clonazepam administration <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegating RN Signature _____ Initials _____