

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – INTRANASAL MIDAZOLAM

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

| Intranasal Midazolam <i>Intranasal Midazolam is an emergency medication used to treat occasional increased seizures in people with epilepsy.</i> | | RN Initial & Date |
|---|--|---------------------------------------|
| A. States purpose of procedure and location of student’s medication in the school. If dosage is less than the complete vial, correct ml dosage should be marked on syringe by RN and verified by delegated personnel. Midazolam should be locked and secured at room temperature. | | |
| B. Identifies supplies: seizure action plan (SAP), seizure observation record, hand hygiene supplies, gloves, tissues to wipe nose as needed, atomizer, unit dose vial of Midazolam and needle-less system. | | |
| C. Procedure: | | |
| 1. At onset of seizure, document time seizure started on the seizure observation record and stay with the student, observing skin color and breathing effort. | | |
| 2. Position student safely. | | |
| 3. Instruct another adult to bring student’s seizure action plan and supplies (see above - “B”) to student | | |
| 4. At the time to give medication as indicated in the SAP, perform hand hygiene and put on gloves. | | |
| 5. Pop the protective cap off the vial of Midazolam. <ul style="list-style-type: none"> a. Attach the syringe and needless adaptor (save the cover of the needle-less adaptor). b. Insert needle-less adaptor into the middle of the rubber seal on the vial. c. Invert the vial and draw up the ordered dose of Midazolam into the syringe ensuring that the syringe does not contain large air bubbles. d. Verify with another delegated staff member that the final solution volume matches the ordered dose. e. Replace the cover of the needle-less adaptor and disconnect from the syringe by twisting off. Attach atomizer to end of syringe. | | |
| 6. Gently insert the atomizer into one nostril, aiming slightly up and outward towards the top of the ear | | |
| 7. Deliver half the dose (no more than 1mL per nostril) by pushing QUICKLY & FIRMLY on the plunger. | | |
| 8. Repeat with the remainder of the dose in the other nostril (no more than 1.0 ml per nostril) | | |
| 9. If some medication leaks out, that is OK. Do not re-administer the dose. Use tissues to wipe excess. | | |
| 10. Once Midazolam is given, continue to observe the student and time the seizure activity. If able and appropriate based on seizure activity, keep the student on their side facing you. | | |
| 11. Call EMS (911) as indicated in the SAP and provide them with a copy of the plan and empty vial. | | |
| 12. Document the time of medication administration and time of seizure cessation on the seizure action plan and the seizure observation record. | | |
| 13. If fluid remains in the vial, draw up the remainder with the syringe and needle-less adaptor. With a witness, discard excess midazolam into a tissue and discard tissue per disposal policy. | | |
| 14. Document time of administration and wasted amount (with witness) on medication log. | | |
| 15. Notify parents, nurse consultant and other appropriate personnel as directed in the SAP. | | |
| Competency Statement | | Training RN Signature & Initial |
| Intranasal Midazolam: Describes emergency response to seizure and demonstrates correct performance of simulated intranasal midazolam administration. | | |

| DELEGATION AUTHORIZATION | | | |
|--|--------------------------------------|-------|------------|
| I have read the care/medication plan, been trained and am competent in the described procedures for _____. 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 <ul style="list-style-type: none"> <input type="checkbox"/> Seizure emergency management response <input type="checkbox"/> Intranasal midazolam 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 _____