

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD –**VALTOCO nasal spray**

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

VALTOCO nasal spray <i>Intranasal Diazepam 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. Medication dosage should be verified by delegated personnel, locked and secured at room temperature.		
B. Identifies supplies: seizure action plan, seizure observation record, hand hygiene supplies, gloves, tissues to wipe nose as needed, VALTOCO package or packages as prescribed		
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 on their side unless in a wheelchair.		
3. Instruct another adult to bring student’s seizure action plan and supplies (see above - “B”) to student		
4. At the appropriate time to give medication as indicated in the seizure action plan, perform hand hygiene and put on gloves.		
5. Hold blister packaging in the palm of your hand. On the foil backing, find the “Peel Here” tab and pull down.		
6. Remove the nasal spray unit carefully and hold the device with your thumb on the plunger and your middle and index fingers on each side of the nozzle. Do not push the plunger in yet.		
7. Place the tip of the nozzle into one nostril until your fingers are against the bottom of the student’s nose.		
8. Press the plunger firmly to deliver the dose of VALTOCO nasal spray. Make sure to firmly press the plunger using one motion. The patient does not need to breathe deeply when you give them the medicine.		
9. Remove the nozzle from the nostril after giving the dose. Note: The plunger will remain inside the nasal spray unit after the dose is given. Throw away the nasal spray unit and blister packaging in the trash.		
10. If the Seizure Action Plan calls for a dose of 15 mg (two 7.5 mg devices) or 20 mg (two 10 mg devices), repeat steps 6-9, using the second device in the other nostril to give the full dose of VALTOCO		
11. Once VALTOCO is given, continue to observe the student. If able and appropriate based on seizure activity, keep the student on their side facing you.		
12. Document the time the medication was given and when the seizure stops on the seizure action plan and the seizure observation record.		
13. Call EMS (911) as indicated in the Seizure Action Plan and provide them with a copy of the plan.		
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 seizure action plan.		

Competency Statement	Training RN Signature & Initial
Intranasal Diazepam: Describes emergency response to seizure and demonstrates correct performance of simulated intranasal diazepam 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: _____	<small>Delegator Decision Grid Score</small>	_____	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"/> 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 _____