Name Student/Child	Birth Date:	School/ Center	Delegatee: Unlicensed Assistive Personnel (UAP)

		Training Record RN Initial & Date
	NAYZILAM nasal spray *Intranasal Midazolam is an emergency medication used to treat occasional increased seizures in people with epilepsy.*	
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, Nayzilam package	
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 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. Remove the nasal spray unit carefully.	
6.	Hold the nasal spray 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 NAYZILAM nasal spray. Make sure to firmly press the plunger using 1 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 some medication leaks out, that is OK. Do not re-administer the dose. Use tissues to wipe as needed	
11.	Once Nayzilam is given, continue to observe the student. If able and appropriate based on seizure activity, keep the student on their side facing you.	
12.	Repeat with the second dose in the other nostril only as directed in the Seizure Action Plan.	
13.	Document the time the medication was given and when the seizure stops on the seizure action plan and the seizure observation record.	
14.	Call EMS (911) as indicated in the Seizure Action Plan and provide them with a copy of the plan.	
15.	Notify parents, nurse consultant and other appropriate personnel as directed in the seizure action plan.	
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 _____

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

Name   Birth   School/   Delegatee:
Student/Child   Date: Center   Unlicensed Assistive Personnel (UAP)

RN Initial & Date	Procedure √ = acceptable performance	Follow Up/ Supervision Plan / Comments

	☐ Procedure Reviewed
	   ☐ Seizure emergency management response
	   ☐ Intranasal midazolam administration
	☐IHP accessible and current
	☐Competent performance of procedure(s) per specific guidelines
	☐Confidentiality
	☐Documentation
	☐RN notification of change in status
	☐Child/student tolerating procedure well
		☐No opportunity to perform task.
		☐Simulated emergency response practice.
		☐Additional on-site training provided
		☐Supervision plan (minimum annually) date: _____
		☐Continue delegation
		☐Withdraw delegation
		Comments:

	☐ Procedure Reviewed
	   ☐ Seizure emergency management response
	   ☐ Intranasal midazolam administration
	☐IHP accessible and current
	☐Competent performance of procedure(s) per specific guidelines
	☐Confidentiality
	☐Documentation
	☐RN notification of change in status
	☐Child/student tolerating procedure well
		☐No opportunity to perform task.
		☐ Simulated emergency response practice.
		☐Additional on-site training provided
		☐Supervision plan (minimum annually) date: _____
		☐Continue delegation
		☐Withdraw delegation
		Comments:

	☐ Procedure Reviewed
	   ☐ Seizure emergency management response
	   ☐ Intranasal midazolam administration
	☐IHP accessible and current
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	☐Confidentiality
	☐Documentation
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	☐Child/student tolerating procedure well
		☐No opportunity to perform task.
		☐ Simulated emergency response practice.
		☐Additional on-site training provided
		☐Supervision plan (minimum annually) date: _____
		☐Continue delegation
		☐Withdraw delegation
		Comments:

	☐ Procedure Reviewed
	   ☐ Seizure emergency management response
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		☐Additional on-site training provided
		☐Supervision plan (minimum annually) date: _____
		☐Continue delegation
		☐Withdraw delegation
		Comments:

	☐ Procedure Reviewed
	   ☐ Seizure emergency management response
	   ☐ Intranasal midazolam administration
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	☐Child/student tolerating procedure well
		☐No opportunity to perform task.
		☐ Simulated emergency response practice.
		☐Additional on-site training provided
		☐Supervision plan (minimum annually) date: _____
		☐Continue delegation
		☐Withdraw delegation
		Comments:

Delegating RN Signature _____ Initials _____