

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – BUCCAL MIDAZOLAM

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Buccal Midazolam	Training Record RN Initial & Date
<i>Buccal Midazolam 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 dosage should be verified by delegated personnel, locked and secured at room temperature.	
B. Identified supplies: seizure action plan, seizure observation record, hand hygiene supplies, gloves, tissues to wipe mouth as needed and either a) Pre-filled Midazolam syringe or b) Unit dose vial of Midazolam and needle-less system (vial adapter + syringe or needle-less syringe)	
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. When using pre-filled syringe: a) Remove cap from end of pre-filled syringe When using vial and needle-less system: a) Flip off lid and insert either; vial adapter then screw on syringe or needle-less syringe. b) Pull up entire contents of the Midazolam into the syringe and push out the air. Verify with another staff member that the dose volume (1 or 2 ml’s) drawn up in the syringe matches what was ordered. c) Twist off the vial adapter or needle-less system from syringe and dispose of in trash receptacle	
6. While gently pulling out the cheek, insert syringe into the side of the mouth closest to the floor between cheek and gum. If the child is upright, the dose is split between both cheeks. Do not put fingers in mouth.	
7. Slowly count to 5 while gently pushing plunger, administering the medication into the buccal space.	
8. Some medication may be lost through drooling or spitting. Do not re-administer the dose. Do not tilt head or encourage swallowing. Use tissues to wipe mouth as needed.	
9. Once Midazolam 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 action plan and the seizure observation record.	
11. Call EMS (911) as indicated in seizure action plan and provide them with a copy of the plan.	
12. Notify parents, nurse consultant and other appropriate personnel as directed in the seizure action plan.	
Competency Statement	Training RN Signature & Initial
Buccal Midazolam: Describes emergency response to seizure and demonstrates correct performance of simulated buccal 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 _____

“This document and the information it contains was created by Children’s Hospital Colorado (“CHCO”) to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician’s advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.

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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 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 _____