

## MODEL PROTOCOL

### INTRANASAL ADMINISTRATION OF SEIZURE

### EMERGENCY MEDICATION

### READY-TO-USE NASAL SPRAY DEVICE - NAYZILAM® and VALTOCO®

Disclaimer: NASN's model protocols and/or language are intended as examples that may serve as a tool for those responsible for drafting protocols that meet the needs of a local school or district. These examples are not authoritarian, nor should they be viewed as complying with any requirements specific or unique to any school or district. Model policies and language should not substitute or replace the advice of legal counsel and/or research on applicable federal or local laws, regulations or ordinances.

#### **Needed Supplies:**

- Seizure emergency action plan
- Documentation log
- Prescribed medication
- Gloves
- Bulb syringe

#### **Basic Seizure First Aid Procedures:**

##### **For all seizures:**

- Stay calm and track time
- Keep student safe
- Do not restrain
- Do not put anything in mouth\*
- Stay with student until fully conscious
- Record seizure in log

##### **For generalized tonic-clonic seizure:**

- Protect head
- Keep airway open/watch breathing
- Turn student on side

#### **A Seizure Becomes an Emergency (ACTIVATE EMS) When:**

- Student has a first-time seizure
- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has a seizure in water
- For students with a known seizure disorder, it is the first episode requiring emergency treatment
- Any concerns with airway, breathing, circulation, or other vital signs

\*Except for buccal or oral seizure rescue medication, as ordered by HCP (National Association of School Nurses, 2018).

### **Procedure:**

1. Identify that symptoms of a prolonged seizure are present and that based on the child's seizure emergency plan, medication needs to be given.
2. Note time of seizure onset.
3. Call for assistance if you have not already done so.
4. Assemble supplies and place on a clean surface.
5. Review the child's seizure emergency action plan.
6. If possible, wash your hands.
7. Assemble the needed supplies.
8. Put on gloves.
9. Check the medication to ensure that it is:
  - a. for the right child
  - b. the right medication
  - c. the right dose
  - d. being given at the right time
  - e. being given by the right route
  - f. not expired.
10. Ensure that the proper amount of time has passed prior to administering the student's seizure medication.
11. If there is another adult present, have them call EMS/911 as you administer the medication.
12. Look into the child's nostrils to determine if there is fluid or mucous in the nostrils.
13. If drainage or mucous is present, use a bulb syringe to remove it.
14. When ready to use, open the blister packaging.
  - a. Review medication blister pack for specific directions on how to open.
15. Remove the nasal spray unit carefully.
16. Hold the nasal spray unit with your thumb on the bottom of the plunger and your middle and index fingers on each side of the nozzle.
17. Do not press the plunger yet.
  - a. If you press the plunger now, you will lose the dose.
18. Using your free hand to hold the crown of the head stable and place the tip of the nozzle into one nostril until your fingers on either side of the nozzle touches the bottom of the nose.
19. Press the plunger firmly to deliver the dose of the medication.
  - a. Make sure to firmly press the plunger using one motion.
  - b. The patient does not need to breathe deeply when you give them the medicine.
20. Remove the nozzle from the nostril after giving the dose.
21. Remove gloves.
22. If EMS/911 has not been called yet, call 911 or EMS services.
23. Stay with the child, monitoring breathing.
24. If breathing stops, begin rescue breaths.
25. If breathing and heartbeat stop, begin CPR.
26. Once rescue squad arrives, inform them of medication administered, including type of medication, dose and time.
27. Remember to dispose of all used equipment and bottles of medicine safely out of the reach of children.
28. Wash hands.
29. Document medication administration in the student's medication administration log along with what was observed during the seizure on the documentation log.
30. Follow up with the parent or guardian and healthcare provider, as needed.

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