St. Charles Parish Public Schools
Protocol for Emergency Intranasal Seizure Medication

Emergency IntraNasal Spray Administration and Skills Procedure

Rationale

St. Charles Parish Public Schools recognizes the importance of implementing a protocol for Emergency Intranasal Seizure medication. Emergency Intranasal Seizure medication is used in emergency situations to stop cluster seizures (episodes of increased seizure activity) in people who are taking other medications to treat epilepsy (seizures).

Law

Seizure Treatment and training

Orders

Parents of students with diagnosis of seizures/epilepsy shall provide the school with written instructions from the students' health care provider for handling seizure activity and all necessary medications for implementing the student specific order on an annual basis. This protocol **does not** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.). Emergency medical service will be activated according to medical orders and condition of the student.

School Nurse

When a student diagnosed with seizures / epilepsy enters a school, the school nurse is the lead team member in assessing the needs of the student, performing a nursing appraisal/assessment and developing a care plan that meets the needs of the student in school. The school nurse is responsible for making all other school personnel involved with the student aware of the student's needs.

The school nurse is responsible for obtaining the student's medical/health history from the parent/guardians and health care providers. The school nurse is also responsible for obtaining any physician's orders regarding health services required by the student during the school day (diet restrictions, medications, accommodations, etc.).

Individualized Health Plan

An Individualized Health Plan (IHP) shall be written for the student and discussed as part of the student's IEP, if applicable. A copy of the IHP shall be included with the student's IEP, if applicable.

Delegation

The school RN may delegate administration of Emergency Nasal Spray to a trained unlicensed school employee (TUSE) only if the following requirements have been met:

1. The school RN has assessed the school environment, the clinical acuity of the student, including the overall complexity of the student's healthcare problems and has developed the IHP.
2. The school RN has determined that according to the LSBN rules and regulations, delegation of Emergency

Nasal Spray is safe and appropriate for the specific student in the school setting.

3. The environment, student condition, and the competency of the TUSE meet the LSBN criteria for delegation of nursing functions.
4. The school TUSE has the capability to communicate with the school RN for supervision and assistance at all times.
5. If the school RN delegates to the TUSE, then two additional full-time qualified unlicensed school personnel must be identified and trained in student specific procedures.
6. The school RN remains responsible for the total nursing care of the student, decision making regarding delegation and the use of Emergency Nasal Spray.

Management/Training

Successful completion of training for administration of Emergency Nasal Spray Is defined as the licensed or trained unlicensed school employee must demonstrate, at a minimum, documented proficiency in the following:

1. General training in recognizing seizures.
2. Documented proficiency of basic first aid for seizures.
3. The delegating school RN must conduct student-specific training, including the procedures provided by the manufacturer, before the TUSE can administer Emergency Nasal Spray.
4. At least two full-time TUSEs must be trained in the procedure for the students prescribed Emergency Nasal Spray.
5. Documented understanding of the student-specific parameters for use of Emergency Nasal Spray in the school setting.
6. Documented proficiency in procedures necessary after administration of Emergency Nasal Spray in the school setting.
7. Documented proficiency in standard procedures and universal precautions.
8. Understanding that administration of Emergency Nasal Spray must be reported to the school RN immediately after Its use.
9. Reviewing of procedure must be updated every 3 months, as well as when there are any changes in the Emergency Nasal Spray order.
10. Attendance is required at other training such as CPR, Back Care/Body Mechanics, as deemed necessary by the school RN.
11. The delegating school RN must document, and maintain documentation that the TUSE has successfully completed student-specific training in Emergency Nasal Spray administration.

Procedure

1. Administer basic first aid for seizure
   - Prevent injury if the student may fall by easing the student to the floor, place his/her head on a soft surface (folded clothing under the student's head) for protection.
   - Position student to clear the airway.
   - Clear the surrounding area of furniture and bystanders.
   - Loosen restrictive clothing.
   - Do not attempt to put anything in the student's mouth.
   - Note the time the seizure began and ended.
   - Call 911, the parent/guardian, and the school RN.
2. Administer Emergency Nasal Spray in accordance with student-specific parameters previously determined by the school RN based on the physician's order and health assessment.
   - Gather supplies:
   - Retrieve medication and check the "5 Rights of Medication Administration"
   - Peel open blister pack.
   - Hold the nasal spray device with your thumb on the plunger and your middle and index fingers on each side of the nozzle.. Caution: Do not press the Plunger until ready to give the dose.
   - Place the tip of the nozzle into one nostril until your fingers are against the bottom of the patient's nose..
   - Press the plunger firmly
   - Keep the student on his/her side and monitor for change in breathing or color.
   - Begin CPR if breathing stops.
   - Dispose of leftover medication in the syringe as per manufacturer protocol in sharps container.
3. After Emergency Nasal medication is administered and 911 has been called, document the time of EMS arrival. While waiting for EMS to arrive, follow the written instruction for observation of the student for vital signs, further seizures, choking and/or blueness around the lips and document actions taken for the seizure on the Observation Record.
4. Follow all standard precautions for handling bodily fluids.
5. Complete the Report of Administration of Emergency Nasal Spray Form and forward a copy to the School RN. (see form).
6. Complete the Seizure Report Flow Chart (see form), forward a copy to the student's Primary Care Physician (PCP) for review. File original with student's medication papers.

NOTE: This protocol does not contain a recommendation for the use of oxygen, as there is no FDA requirement or recommendation for oxygen when diazepam is administered. The use of oxygen depends on the characteristics of the seizure, not the use of diazepam. In individual cases, the RN, upon the prescription of the student's treating physician, may include the use of oxygen in a student's IHP.

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Essential Steps	**Key Points and Precautions**
1. Call 911, the parent/guardian, and school RN	School personnel can assist with notifications
2. Preparation a. Wash hands b. Identify student c. Verify physician orders d. Gather supplies 1) Properly labeled medication (Emergency Nasal Spray) 2) Gloves	Universal precautions Ensures correct student Using 5 of 6 Rights of Medication administration: 1. Right Medication 2. Right Dose 3. Right Individual 4. Right Route 5. Right Time
2. Procedure A. Don gloves B. Retrieve medication and check the "5 Rights" of medication administration	Universal precautions Ensures correct student Using 5 of 6 Rights of Medication administration: 1. Right Medication 2. Right Dose 3. Right Individual 4. Right Route 5. Right Time
C. Peel open blister pack D. Hold the nasal spray device with your thumb on the plunger and your middle and index fingers on each side of the nozzle. **Caution: Do not press the plunger until ready to give the dose.** E. Place the tip of the nozzle into one nostril until your fingers are against the bottom of the patient's nose. **DO NOT push Plunger yet.** F. Press plunger firmly	
G. Keep student on side and monitor for changes in breathing and color H. While waiting for EMS to arrive, follow the written instructions (student specific) for observation I. Begin CPR if breathing stops and no pulse is felt	Student shall always be facing you when monitoring for vital signs, further seizures, choking, and blueness around the lips
J. Documents using correct standards	Document per seizure in Observation Record
K. Dispose of leftover medication after showing EMS	Dispose in accordance with manufacturer's protocol

EMERGENCY INTRANASAL SEIZURE MEDICATION Skills Checklist

[ ] Initial [ ] Review

Student's Name: _____Date of Birth: _____

Person Trained: _____ Position: _____

Skills	Demo Date	Return Demonstration Dates					
Identifies student							
Reads Physician Statement							
Verifies medication due and not yet given							
Cleans area and wash hands							
Follows seizure emergency plan including calling 911, principal, and school RN							
Wearing gloves, peel open blister pack							
Hold the nasal spray device with your thumb on the plunger and your middle and index fingers on each side of the nozzle							
Caution: Do not press the plunger until ready to give the dose							
Place the tip of the nozzle into one nostril until your fingers are against the bottom of the patient's nose. **DO NOT** push plunger yet							
Press the plunger firmly							

First Aid: a) Track Time b) Ease student to the floor and cushion head, keeping student from hazards c) Turn to side to allow saliva to drain d) Loosen restrictive clothing, remove glasses e) Do not panic f) Do not put anything in the mouth g) Do not restrain h) Do not give any oral fluids during or immediately following seizure							
If another dose is ordered follow orders to administer second dose							
Follow students emergency plan for continued care							
Be prepared to initiate CPR if breathing stops							
Document in student's medication log							
While waiting for EMS to arrive, follow the written instructions (student-specific) for observation of the student for vital signs, further seizures, choking, and blueness around lips. Documentation per Seizure Observation Record							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*
____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

____ _____ _____ _____

Date School RN Signature Date Employee Signature

Report of Administration of EMERGENCY INTRANASAL SEIZURE MEDICATION

Student's name: _____D.O.B._____ Date given: _____

Student's normal respiratory status: _____ Weight: _____

Time seizure began: _____Time Nasal Spray administered: _____ Time seizure ended: _____

Time notified: 911: _____ Parent: _____ School Nurse: _____

Time responded: 911: _____ Parent: _____ School Nurse: _____

RESPIRATORY Status	TIME	STATUS	ACTION TAKEN
Prior to administration			
After administration			
As Needed:			

COLOR	YES	NO	ACTION TAKEN
Lips pale or blue			
Nail beds pale or blue			
Other:			

Side effects noted: _____
CPR required No: [ ] Yes: [ ] By Whom: _____
Nasal Spray given to: EMS [ ] Parent [ ] Discarded in Sharps [ ]
Narrative of incident:

_____
_____
_____

Seizure Report Flow Chart completed No: [ ] Yes: [ ] By Whom: _____

_____ _____ _____
Signature of Personnel Completing Form Time Date

cc: Supervising Nurse

Updated 7-8-2024

https://epilepsyfoundationmn.org/wp-content/uploads/2019/04/Seizure_Observation_Record.pdf