Seizure Order /Plan of Care: Intranasal Midazolam Administration

Student's Name: _____ Birth Date: _____
School: School Year: _____
Type of Seizure: (and describe typical) _____

Procedure for Intranasal Midazolam (Versed)* Versed order will only be honored with physician verification of child having had a dose with out significant side effects.

Versed will only be given at school or on bus in the presence of a CPR-certified individual to a student who has previously received intranasal midazolam and had no significant adverse side effect. In the absence of a CPR certified individual, 911 will be called and intranasal midazolam will be held until EMS arrives.

1. Call 911.

2. Administer intranasal midazolam after student continues in a seizure for _____ minutes.

3. Slowly squirt _____mg/ml midazolam solution:
    - _____mg/_____ml into one nare and
    - _____mg/_____ml into the second nare
    - (for a total of _____mg/_____ml.) using needleless syringe.

4. Stay with student until EMS arrives. Send _____'s health information sheet with EMS.

5. **Initiate CPR if needed.**

Side effects

- **Tell parent to inform student's doctor if any of these symptoms occur after administration of intranasal midazolam:** nausea; vomiting; agitation; rash

- **Some side effects can be serious. If the student experiences any of the following symptoms after administration of intranasal midazolam, notify EMS and tell parent to inform student's doctor:** slow, shallow or absent breathing; fast or slow heart rate; faint; continued seizure

Physician Signature ___________________________________ Date _______________

Parent/Guardian Signature _____________________________ Date _______________

AUTHORIZTION TO RELEASE MEDICAL INFORMATION

I hereby authorize (physician's name) _________________________________ to release to the school nurse or principal specific, confidential medical information contained in his/her record about my child. This information will be used by school staff to deliver health services to my child at school.

To:______RN, School Nurse Secure Fax: ______ School Fax: _____

Parent's Signature: ___________________________________ Date: ________________