



**Intranasal Versed Emergency  
Medication Administration Plan**

Name of Student: \_\_\_\_\_

1. **Call 911**
2. **Call the Parents/Guardians**
3. **A Seizure Health Care Plan should be completed and signed by the student’s parent/guardian and signed by their healthcare provider.**
4. **Follow Seizure Plan and use the Seizure Observation Record.**
5. Pre-seizure: Always store the syringe(s), needle or needleless vial adapter, atomizer tip(s) and medication bottle together in the same place where you can easily access them. Be sure you are knowledgeable regarding the amount (volume) of medication you will administer to the seizing person.
6. Summon the school nurse. **Only trained personnel or parent may administer the above medication.**
7. Lay child flat, away from any object. PROTECT THE HEAD! Turn child’s head to the side to prevent choking, should the child vomit
8. Prepare emergency medication (Intranasal Versed)
  - A. Remove cap from vial, wipe top of vial with alcohol wipe.
  - B. Remove needle protector from syringe and inject air (equal to the amount of medicine you will give) into the vial. Draw back the medication into the syringe.
  - C. Remove syringe, gently shaking syringe to expel any air bubbles. Remove excess air.
  - D. Replace plastic cap over needle, twist off needle, and replace with atomizer (cone-shaped apparatus)
9. Administer medication :
  - A. Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward (toward the top of the ear).
  - B. Briskly compress the syringe plunger to deliver HALF of the medication into the nostril.
  - C. Move the device over to the opposite nostril and administer the remaining medication into that nostril.
10. Monitor child’s vital signs until EMS arrive.
11. Send syringe and medication vial with EMS to hospital.
12. Additional Information:

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

(Print or Stamp) Physician Name  
Physician Address  
Physician Phone