



## *Arizona State Board of Nursing*

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: ADMINISTRATION OF  
RESCUE MEDICATIONS FOR  
TREATMENT OF SIGNS AND  
SYMPTOMS OF ACUTE SEIZURE  
OUTSIDE THE CLINICAL SETTING  
APPROVED DATE: 9/2013 REVISED  
DATE: 1/17, 9/20, 5/24  
ORIGINATING COMMITTEE:  
SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of  LPN  RN

### **ADVISORY OPINION**

#### **ADMINISTRATION OF RESCUE MEDICATIONS FOR TREATMENT OF SIGNS AND SYMPTOMS OF ACUTE SEIZURE OUTSIDE THE CLINICAL SETTING**

##### **STATEMENT OF SCOPE**

It is within the Scope of Practice of a Registered Nurse (RN) and Licensed Practical Nurse (LPN) to administer rescue medications prescribed for the purpose of treating signs and symptoms of acute seizure outside the clinical setting in accordance to the patient's specific Seizure Action Plan (SAP) if the following requirements are met:

##### **I. GENERAL REQUIREMENTS**

- A. A written policy and procedure is maintained by the employer.
- B. Only nurses who have completed an instructional program and are allowed to administer prescribed rescue medications for treatment of seizure outside the clinical setting. Clinical setting is defined as a setting in which the primary purpose is the delivery of medical care in a one-on-one provider patient relationship.
- C. Basic Life Support.
- D. Documentation of completion of the instructional program and competency verification is on file with the employer.
- E. Nursing responsibilities related to administration of prescribed rescue medications for treatment of seizure outside the clinical setting, including but not limited to: continue to monitor the patient's vital signs, airway, and neurologic status during and after administration and may not leave the patient until care is turned over to another qualified provider or legal guardian. The medication must be prescribed by a LP and must be prescribed for the specific individual to whom it is administered.

- II. COURSE OF INSTRUCTION** is to include but not limited to:
- A. Anatomy and physiology of the respiratory and central nervous systems.
  - B. Pathophysiology and recognition of seizures.
  - C. Potential medication adverse reactions
  - D. Specific considerations, including but not limited to:
    - 1. Indications for treatment and potential adverse reactions
    - 2. Emergency management including airway management and basic life support
    - 3. Assessment of level of consciousness and physiological response to the drug.
  - E. Potential complications following administration
  - F. Recognizing emergency situations and instituting appropriate nursing interventions
  - G. Delegation of nursing task is in accordance to the Delegation of Nursing Task Advisory Opinion

**I. RATIONALE**

Rescue medication for acute seizures in accordance with the patient specific SAP can be safely performed by a nurse with specialized training, skills, and knowledge. This practice is supported by the literature as a safe, quick, effective, and socially accepted means of treating prolonged seizures outside the clinical setting.

**REFERENCES**

- Corrigan, M., Wison, S.S & Hampton, J. (2015). Safety and efficacy of intranasally administered medications in the emergency department and prehospital settings. *American Journal of Health-System Pharmacy*, 72, 1544-1554. Doi: 10.2146/ajhp140630. Review.
- Dean, P., O'Hara, K., Brooks, L., Shinnar, R., Bougher, G., & Santilli, N. (2021). Managing acute seizures: new rescue delivery option and resources to assist school nurses. *NASN School Nurse* 36(6), 346–354. doi.org/10.1177/1942602X211026333
- Detyniecki, K., Van Ess, P. J., Sequeira, D. J., Wheless, J. W., Meng, T., & Pullman, W. E. (2019). Safety and efficacy of midazolam nasal spray in the outpatient treatment of patients with seizure clusters—a randomized, double-blind, placebo-controlled trial. *Epilepsia*, 60(9), 1797-1808. doi:10.1111/epi.15159
- Epilepsy Foundation (2023) Seizure Training for School Nurses. Retrieved from <https://www.epilepsy.com/programs/training-education/nurses>
- Elliott, W., & Chan, J. (2019). Midazolam nasal spray (nayzilam) CIV. *Internal Medicine Alert*, (41(12) Retrieved from <https://lopes.idm.oclc.org/login?url=https://search-proquest-com.lopes.idm.oclc.org/docview/2249655548cccountid=7374>
- Glauser, T., Shinnar, S., Gloss, D., Alldredge, B., Arya, R., Bainbridge, J., . . . Treiman, D. M. (2016). Evidence- based guideline: Treatment of convulsive status epilepticus in children and adults: Report of the guideline committee of the American Epilepsy Society. *Epilepsy Currents / American Epilepsy Society*, 16(1), 48.
- Hartman, A. L., Devore, C. D. L., Doerrer, S. C., Section on Neurology, American Academy of Pediatrics, Council on School Health, American Academy of Pediatrics, and the Section on Neurology, & Council on School Health. (2016). Rescue medicine for

epilepsy in education settings. *Pediatrics*, 137(1), e20153876.  
doi:10.1542/peds.2015-3876

Klimach, V. J., & Epic Clinical Network. (2009). The community use of rescue medication for prolonged epileptic seizures in children. *Seizure: European Journal of Epilepsy*, 18(5), 343-346. doi:10.1016/j.seizure.2008.12.002

Maglalang, P.D., Rautiola, D., Siegel, R. A., Fine, J. M., Hanson, L. R., Coles, L. D., & Cloyd, J. C. (2018). Rescue therapies for seizure emergencies: New modes of administration. *Epilepsia*, 59(S2), 207-215. doi:10.1111/epi.14479

McIntyre, J., Robertson, S., Norris, E., Appleton, R., Whitehouse, W. P., Phillips, B., . . . Choonara, I. (2005). Safety and efficacy of buccal midazolam versus rectal diazepam for emergency treatment of seizures in children: A randomized controlled trial. *Lancet*, 366(9481), 205–210.

Meyers, R., 2019. *Pediatric Clinical Trials Lead To New Drugs, Updates In 2019*. Contemporary Pediatrics. Available at  
<https://www.comtemporarpediatrics.com/view/pediatric-clinical-trials-lead-new-drugs-updates-2019>

National Association of School Nurses. (2017). *Medication administration in schools* (Position Statement). Silver Spring, MD. Author.

Sánchez Fernández, I., Gáinza-Lein, M., & Loddenkemper, T. (2017). Nonintravenous rescue medications for pediatric status epilepticus: A cost-effectiveness analysis. *Epilepsia*, 58(8), 1349-1359. doi:10.1111/epi.13812

Texas Board of Nursing (2020). Update: FDA Approved Use of INtranasal Midazolam for Cluster Seizures.

Thakker, A., Shanbag, P. A randomized controlled trial of intranasal midazolam versus intravenous diazepam for acute childhood seizures. *Journal of Neurology*. 2013; 260(2): 470-4. doi: 10.1007/s00415-012-6659-3.

Wallace, A., Wirrell, E., & Payne, E. (2019). Seizure rescue medication use among US pediatric epilepsy providers: A survey of the pediatric epilepsy research consortium. *The Journal of Pediatrics*, 212, 111- 116. doi:10.1016/j.jpeds.2019.05.034

Zelcer, M. 2020 *Intranasal Midazolam For Seizure Cessation In The Community Setting*. PubMed Central (PMC). Available at:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4955082/>