



## **DELEGATE BUCCAL MIDAZOLAM TRAINING CHECKLIST**

**PLEASE TICK THE ITEM ON THE LIST WHEN THIS IS ACHIEVED**

**NAME.....DATE.....**

1. I know the causes of a seizure.
2. I know the triggers & warning signs.
3. I know the various stages of a seizure.
4. I know which medicines are used to control seizures.
5. I know which medicines are used to treat seizures.
6. I have watched the video on how to administer Buccal Midazolam.
7. I have seen & handled a dummy pack.
8. I know where the buccal spaces are.
9. I know where the care plans are kept & to follow them exactly
10. I know to follow the individualised dosage protocol & to check it before I administer Buccal Midazolam.
11. I know to check the Patient Specific Direction if applicable.
12. I know to check the expiry date of Buccal Midazolam.
13. I know where Buccal Midazolam must be stored.
14. I know how to administer Buccal Midazolam taking into account the 6 rights.
15. I know how to dispose of Buccal Midazolam once I have administered it.
16. I know the possible side effects
17. I know which records to update when I have administered Buccal Midazolam.

**B = BE FAMILIAR WITH THE DUMMY PACK**

**U = UNDERSTAND THE VIDEO**

**C = CHECK CARE PLAN**

**C = CHECK PROTOCOL**

**A = ADMINISTER CORRECTLY**

**L = LEARN ALL ABOUT SEIZURES**