

Midazolam

Nayzilam rescue spray / Versed procedural medicine

Know which product you have. Home seizure rescue and medicine given for a procedure have different instructions.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

NASAL RESCUE: NOT DAILY

BREATHING TROUBLE: CALL 911

This is a reminder, not a replacement for your seizure action plan or the device instructions.

What it is used for

Nayzilam treats seizure clusters in people with epilepsy age 12 and older. Your team must show caregivers which episodes to treat.

Procedural products cause sleepiness and reduce anxiety and recall during medical care. They do not replace your prescribed nasal spray.

How it works

Midazolam strengthens GABA, a calming brain signal. This can interrupt a seizure cluster and also cause sleepiness, reduced recall and poor coordination.

Effects may outlast the seizure or procedure. Someone must watch recovery; feeling awake does not prove thinking and balance are normal.

What to expect over time

BEFORE AN EPISODE

Practice with the care team; keep the plan and spray accessible.

AFTER THE FIRST SPRAY

Note the time. Watch breathing, color and seizure activity.

DURING RECOVERY

Stay with the person and follow the emergency plan.

Taking your medication

Open the blister when needed. Never test or prime. Put the nozzle in one nostril; press once for the full 5 mg dose. No deep breath is needed.

Only if prescribed: if a cluster continues after 10 minutes, use a new 5 mg device in the other nostril. Do not repeat with breathing trouble or unusually severe sleepiness.

Maximum two sprays per cluster, one treated episode every three days and five a month. Contact the team if more is needed; do not add extra doses.

When to get help

Call 911 now: slow/stopped breathing, blue or concerning color, inability to wake, collapse, or severe allergy. Do not wait to give another spray.

Get emergency help: seizures continue after the prescribed rescue plan, look different or are more severe than usual. Follow your plan's earlier call-for-help rules too.

Report promptly: unusual agitation, major mood changes or suicidal thoughts. Use emergency services for immediate danger.

Early side effects

Sleepiness, dizziness, headache and reduced recall can occur. The spray may irritate the nose/throat or cause a runny nose; injection may hurt locally.

Other effects to discuss

Balance and judgment may lag behind feeling awake. No driving or dangerous tasks until your team clears them; seizure-related driving rules still apply.

What to keep track of

Keep a record of episodes, spray times, response and problems. Review increasing rescue use, check expiry dates and replace used devices. Keep taking your regular seizure medicine as prescribed; rescue treatment does not replace it.

Before you start

Tell the team about breathing problems, sleep apnea, glaucoma, heart/liver/kidney disease, allergies, past sedation problems and all substance use. Discuss pregnancy or nursing in advance. Exposure late in pregnancy may affect the newborn; a breastfed infant may need observation for sleepiness, poor feeding or weight gain. Make a feeding and rescue plan with your clinicians.

Medicines & interactions

Alcohol & opioids

Alcohol and opioids can dangerously add to slowed breathing. Tell every clinician about them, including cough or pain medicines. Do not change prescribed opioid treatment on your own.

Medicines that raise levels

Some antibiotics, antifungals, HIV medicines and heart medicines can prolong effects. Nayzilam must not be combined with certain interacting drugs; have the pharmacist check new prescriptions.

Other sedating products

Check sleep aids, muscle relaxants, sedating allergy/cold products, other anxiety medicines and cannabis/CBD before combining them.

Food & procedures

Ask about grapefruit. For a procedure, follow the care team's food/drink instructions and tell them every medicine you took; do not take extra sedatives to prepare.

Everyday tips

Train the people likely to be with you during a cluster.

Keep your written action plan with the medicine.

Arrange a ride and supervision after procedural sedation.

Store rescue medicine securely but accessible to trained caregivers.

Your questions, answered

What if I miss a dose?

Nayzilam is rescue medicine, not a daily schedule. There is no routine dose to make up. Use it only for the episodes named in your plan.

Can I practice with the real spray?

No. Each device holds one dose and cannot be reused. Ask for training with a demonstration device; do not press a real plunger before treatment.

Is frequent use a problem?

Yes. Call if clusters or rescue use increase. Regular exposure can cause dependence, and sudden stopping after frequent use can cause withdrawal. Get a supervised plan, not an improvised taper.

What if I receive it for a procedure?

The team gives and monitors the dose. Memory gaps can occur. Follow written discharge instructions about driving, supervision, medicines and when to call; recovery time varies.

Storage & safety

Keep Nayzilam at room temperature in its sealed blister until needed, secure from children and others. Discard used devices safely; ask the pharmacist about unused medicine disposal. For overdose call Poison Control, 1-800-222-1222; call 911 for severe symptoms.

A final reminder

not an individual prescription or complete device guide.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=2b29422e-54d5-4a49-8522-e9cf752368c3>
 2. <https://www.nayzilam.com/how-and-when-to-use-nayzilam>
 3. <https://medlineplus.gov/druginfo/meds/a621044.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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