



SEIZURE HEALTH PLAN

Health Services

Student: _____ Gr/Teacher: _____ DOB/Age: _____

Emergency Contact #1: _____
Name Relationship Phone

Emergency Contact #2: _____
Name Relationship Phone

Primary Care Physician: _____ Phone: _____

Neurologist: _____ Phone: _____

Diagnosis/Condition: **SEIZURE DISORDER** Type: _____

Date of last seizure: _____

ASSESSMENT DATA: (Please check the student's signs & symptoms of a seizure)

- Loss of consciousness Aimless wandering Twitching/Jerking of body parts
- Falling down Fluttering eyelids Loss of Control (bladder, bowel, drooling)
- Muscle stiffness Blank stare Rhythmic convulsions
- Confusion Purposeless activity Other: _____
- Repetitive acts/movements _____

Please check any triggers for this student's seizures:

- Bright light/strobe Stress Fever
- Temperature changes Loud noises Other: _____
- Fatigue Hunger _____

SIGNS OF EMERGENCY:

- Pale/gray/bluish color around mouth and nail beds Obstruction of airway
- blue or dusty No breathing
- Seizure lasting longer than _____ minutes No pulse
- Other: _____

ACTION IF STUDENT HAS SEIZURE AT SCHOOL:

- Rest Call parents
- Call 911 when: _____

Give emergency medication(s):

Name	Route	Dosage	Frequency

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

RN Signature: _____ Date: _____



Student: _____ Gr/Teacher: _____ DOB/Age: _____

Emergency Contact #1: _____
Name Relationship Phone

Emergency Contact #2: _____
Name Relationship Phone

Procedure for Administration of Diazepam Rectal Medication (Diastat):

- 1. Diazepam Rectal Medication (Diastat) dosage: _____
2. Indications for treatment (be VERY SPECIFIC) when child should be treated:
a. Length of seizure: _____
b. Other indications for treatment: _____
3. Side effects expected after administration of medication: _____
4. Action to be taken if child has bowel movement or expels medication: _____
5. Should medication be given if child has fever, respiratory infection or cold? _____ Yes _____ No
6. Protocol is to call 911 after administering Diazepam Rectal Medication (Diastat) unless specifically ordered otherwise (and ALWAYS after initial dose of this drug). Parent may be called to transport child if necessary or preferred.

Please explain in detail any circumstances where it is not necessary to call 911:

- 7. If a seizure should occur while a student is being transported to or from school on the school bus, our procedure would be to call 911. Any additional orders: _____
8. Please note: If prolonged seizure occurs at anytime when a nurse is not available, 911 will be called.

Date of Request: _____ Date of Termination: _____

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____

I request that Diazepam Rectal Medication (Diastat) be administered to my child to the signed protocol from my physician.

Parent Signature: _____ Date: _____

Reviewed by School RN: _____ Date: _____

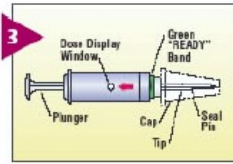
DIASTAT® AcuDial™ (diazepam rectal gel)
Administration Instructions



1
Put person on their side where they can't fall.



2
Get medicine.



3
Get syringe.
Note: Seal Pin is attached to the cap.



4
Push up with thumb and pull to remove cap from syringe.
Be sure Seal Pin is removed with the cap.



5
Lubricate rectal tip with lubricating jelly.



6
Turn person on side facing you.



7
Bend upper leg forward to expose rectum.



8
Separate buttocks to expose rectum.



9
Gently insert syringe tip into rectum.
Note: Rim should be snug against rectal opening.

SLOWLY... COUNT OUT LOUD TO THREE... 1... 2... 3



10
Slowly count to 3 while gently pushing plunger in until it stops.



11
Slowly count to 3 before removing syringe from rectum.

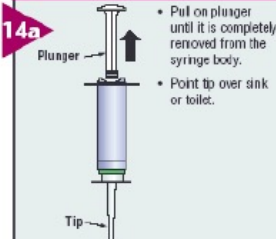


12
Slowly count to 3 while holding buttocks together to prevent leakage.

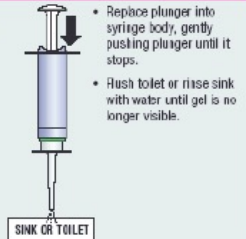


13
Keep person on side facing you, note time given and continue to observe.

DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL



- Put on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.



- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

This step is for Diastat® AcuDial™ users only

- At the completion of step 14a:**
- Discard all used materials in the garbage can.
 - Do not reuse.
 - Discard in a safe place away from children.

DISPOSAL FOR DIASTAT 2.5 MC

At the completion of step 13:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

Diastat® AcuDial™ (diazepam rectal gel)

Call for Help if any of the Following Occur

- Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor's instructions:

- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: _____

Doctor's number: _____

(please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT given: _____ Dose: _____

IMPORTANT SAFETY INFORMATION

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older.

For School Personnel Use Only

Date form sent home: _____ Date form rec'd from Parent: _____ RN verified: _____

Acknowledgement of Rec'd

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Cafeteria: _____ Date: _____