

DIASTAT Procedure Form
Health Services

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: _____