



HEALTHCARE PROVIDERS ORDER FOR ADMINISTRATION OF DIASTAT IN THE SCHOOL SETTING

Student Name:		DOB:	
Medical Diagnosis:	Grade:	Date:	

Treatment:

- DIASTAT® (diazepam rectal gel) _____mg rectally as needed for _____seizures lasting greater than _____minutes OR for _____ or more seizures in _____hours.
- Use VNS (vagal nerve stimulator) magnet _____
- Other _____
- Call 911 if DIASTAT is given
- Parents/caregiver should be notified immediately

Let EMS personnel know if:

- Seizure does not stop by itself or with VNS within _____minutes
- Seizure does not stop within _____minutes of giving DIASTAT or if 1st dose DIASTAT never received
- Child does not start waking up within _____minutes after seizure is over (no DIASTAT given)
- Child does not start waking up within _____minutes after seizure is over (after DIASTAT is given)

Following a seizure:

- Child should rest in nurse’s office
- Child may return to class (if DIASTAT was NOT given)
- Parents/caregiver should receive a note/copy of the seizure record sent home with the child.

What side effects can be expected after the administration of DIASTAT?

What was the child’s response to the first dose of DIASTAT?

What action should be taken if the child has a bowel movement or expels the medication?

If the child has a cold, respiratory infection or fever, should the DIASTAT be given?

If a seizure should occur while the child is being transported on the school bus, on a field trip or at a community based instruction site, our procedure would be to call 911. Any additional comments?

Healthcare Provider Name (printed):	
Healthcare Provider Signature:	Date:
Email:	Office Phone #:
Parent Signature:	