

Specialized Health Care Procedure:

Administration of Diastat

Definition/Purpose: Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. **Diastat** (DI-a-STAT) is a formulation of diazepam specifically designed for rectal administration to control prolonged seizures and bouts of increased seizure activity (clusters).

Requirements: Parents/guardians are required to sign a written authorization for the Administration of Diastat. Parents/guardians are also required to complete a Medication School Permission Form. A physician's (written and signed) order must also be obtained (Physician's Order for Diastat).

Personnel Authorized to Perform Procedure: Can be performed by an RN or LPN, or by any designated staff member trained by the nurse. Training will be reviewed on a yearly basis.

Equipment Needed: Gloves, Diastat kit from locked cabinet, blanket (for privacy), and pillow to place under student's head (if possible)

Classroom Duties:

Seizure Activity Begins:

1. Call out time Seizure Activity begins.
2. ID person responsible for completion of Seizure Monitoring Form.
3. ID person responsible for caring for student with seizure activity.
4. ID person responsible for other students' care.
5. ID person responsible for initiating emergency measures if seizure lasting longer than time indicated on Physician's Order for Diastat.

If generalized tonic clonic (Grand Mal), Absence (Petit Mal) seizure or other seizure (indicated by physician) lasts longer than time indicated on Physician's Order for Diastat:

1. Dial 911 identify school, student name, age, and condition and that **Diastat** is being administered **rectally**.
2. Administer Diastat rectally.
3. Monitor respirations, may need to provide rescue breathing.
4. Call Office to notify of EMS activation.

Administering Diastat

Gather supplies (listed above). Check medication for:

- Right student

- Right medication
- Right route (rectal)
- Right dose (See Physician's Order for Diastat)
- Right time (See Physician's Order for Diastat)

Procedure:

1. Put person on their side where he or she cannot fall.
2. Get medicine (Diastat kit). (Do not leave student unattended.)
3. Put on gloves.
4. Get syringe from kit. Push up with thumb and pull to remove protective cover from syringe.
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.
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.

Office duties:

1. Have an employee wait outside for ambulance and provide directions to student's location (may be identified by office staff).
2. Notify parent/guardian.

When EMS arrives:

1. Turn over care to EMS.
2. Provide all Emergency Medical information to EMS personnel (**COPIES, NOT ORIGINALS**):
 - Emergency and Medical information Card
 - Physician's order for Diastat
 - Parent/Physician Authorization Form for Specialized Health Care Procedure (for Diastat)
 - Seizure Monitoring Form, if possible
3. Give used Diastat syringe and package with prescription label to EMS personnel (or dispose of properly).
4. Complete Accident Report.

Parent and Physician: Please complete attached page.

**Parent Authorization for
Specialized Health Care Procedure**

I, the undersigned, who is the parent/guardian of _____
request that the following health care service:

Administration of Diastat

be administered to my child. I understand that a trained designated staff member will be performing this procedure. It is my understanding that in performing this procedure, the designated person(s) will be using a standardized procedure which has been approved by our physician. I will notify the school immediately if the health status of our child changes, I change physicians, or there is a change or cancellation of the procedure.

Signature of parent/guardian _____

Date _____

**Physician's Order for
Specialized Health Care Procedure**

Student's Name _____ DOB _____

Procedure: **Administration of Diastat**

Check one:

- _____ I have reviewed the Health Care Procedure and approve of it as written.
- _____ I have reviewed the Health Care Procedure and approve of it with the attached amendments.
- _____ I do not approve of the Health Care Procedure. A substitute procedure is attached.

Duration of the procedure (not to exceed current school year): _____

Physician's Signature: _____ **Date:** _____