Physician Order for Diastat Administration at School

About Diastat® in School Settings:

Diastat® is FDA approved for out-of-hospital treatment of prolonged seizures or cluster seizures. Diastat® is meant for convulsive seizures and seizures in which awareness is lost.

In accordance the Louisiana State Law on Medication Administration and regulations of the Louisiana State Board Nursing, Diastat® can be administered as a rescue drug in such seizure emergencies. The school RN, or unlicensed assistive personnel trained and supervised by the school RN, will administer Diastat® according to the Physician’s Order for Administration of Diastat® in School, providing that Diastat® was previously given within the preceding 12 months.

Please complete the Physician’s Order for Administration of Diastat® in School, and on the Diastat®-prescription, please indicate the dose and time of administration as provided on this order form. Thanks in advance for your assistance!

Sincerely,
HCS School Nurse

Student’s Name___________________________ Birthdate_______________
School___________________________________ Grade____________________

Date this child last received Diastat®: _______________________

Description of the seizure activity for which Diastat® is ordered:
(Please provide a child-specific description that will permit identification of the seizure.)

1. The child has a warning before the seizure □ No □ Yes (please specify)________________________
2. This child’s seizure begins with
   □ unresponsive staring
   □ deviation of head or eyes to □ left □ right
   □ stiffening or twitching on □ left □ right □ both sides at the same time?
3. This child’s seizure progresses with
   □ spread of stiffening and/or jerking to □ left □ right □ both sides of the body
   □ persisting unresponsiveness without convulsive movements
   □ other______________________________

Dosing and time of administration of Diastat®:
Administer (rectally) _________mg of Diastat® for seizure lasting ______ minutes in duration, or for _______ seizures occurring within ______________________ (indicate period of time) of each other.

Please Note: In accordance with labeling, Diastat® can be administered in school only once every five days.

Notification:
I wish to be notified if the child is brought by ambulance to the hospital □ No □ Yes
I wish to be notified if Diastat® is administered □ No □ Yes

Additional Comments/Considerations:
________________________________________________________________________
________________________________________________________________________

Physician’s name (printed): ______________________ Address:_____________________________
Physician’s signature: ______________________ Office phone: _______________________
State license number: ______________________ Office FAX: ______________________
Date: ______________________ Emergency phone: ______________________