Diastat (Diazepam Rectal Gel) Protocol

Student Name: _______________________________ Weight: ____________________________

**medication is to be used only for the patient named on the label**

Diastat ___________ Rectal Gel PR PRN for ____________________________________________

Physician Signature: ___________________________ Date: ____________________________

I authorize my child to receive Diastat at school. I agree to the following:

• I will transport my child home if felt appropriate by the RN, EMS, and/or prescribing office.
• I will allow my child to be transported to ER if I am unreachable or if the RN, EMS, and/or prescribing office feels necessary. My child will be transported to ER under circumstances that include but not limited to apnea, persistent cyanosis, decreased responsiveness compared to usual after seizure, seizure recurs, an unexpected change in vital signs is noted, or if I am unable to be reached or provide transportation within a reasonable amount of time.

☐ My child has received _____mg of Diastat previously and tolerated the medication well.
☐ My child has not received Diastat previously. If medication is given at school, I understand EMS must be notified.

Parent/Guardian Signature: ___________________________ Relationship: ________________
Phone: ______________________________ Date: ________________

Instructions for Diastat Use:

Follow Seizure Care Plan (IHP). If Diastat ordered, attach protocol to IHP.
SCHOOL STAFF TO CALL PARENT AND EMS AT 5 MINUTE MARK OF SEIZURE ACTIVITY OR AS INDICATED ON IHP!

Follow “Diastat Administration” handout (see back). Highlights of administration include:

☐ Remove protective cover from syringe
☐ Lubricate rectal tip with lubricating gel
☐ Gently insert tip into rectum, syringe rim should be snug to rectal opening
☐ Slowly push plunger in while counting to 3
☐ Slowly count to 3 prior to removing syringe from rectum
☐ Record heart rate and respirations at onset and at 15 minute intervals (more frequently if indicated)

Disposition of patient after Diastat use:

Keep patient on side, facing nurse (or trained administrator of medication) for monitoring while awaiting EMS arrival.

PATIENT MAY NOT REMAIN AT SCHOOL AFTER DIASTAT IS ADMINISTERED!
ACCEPTABLE DISPOSITIONS INCLUDE ONLY TRANSFER TO EMERGENCY ROOM OR TRANSPORT HOME WITH PARENT. IF PARENT REFUSES TO MEET EMS AT SCHOOL OR CANNOT BE REACHED, CHILD MUST BE TRANSPORTED TO EMERGENCY ROOM.

Dispose of Diastat syringe and all used materials in MIOSHA approved container, away from children. DO NOT REUSE MEDICATION.

☐ Send copy of seizure record to ordering physician, school nurse, and family after each seizure.
### How to Administer and Dispose

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.
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.

### Disposal Instructions for Diastat AcuDial

- **Pull 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.

### Disposal for Diastat 2.5 mg
- **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.

### 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:

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

### Doctor’s Number:

### Information for Emergency Squad:

- Time DIASTAT given:
- Dose: