

IN CONFIDENCE

GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL. NON-NURSING STAFF

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH THE MEDICAL PRACTITIONER  
(Please use language appropriate to the lay person)

NAME OF CHILD/ADULT	AGE
<p>SIEZURE CLASSIFICATION AND/OR DESCRIPTION OF SIEZURES WHICH MAY REQUIRE RECTAL DIAZEPAM(Record all details of seizures e.g. goes stiff, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)</p> <p>i)</p> <p>USUAL DURATION OF SEIZURE?</p> <p>ii)</p> <p>USUAL DURATION OF SEIZURE?</p> <p>OTHER USEFUL INFORMATION</p> <hr/> <p><b>DIAZEPAM TREATMENT PLAN</b></p> <p>1. WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED? (Note here should include whether it is after a certain length of time or number of seizures)</p> <hr/> <p>2. INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM IS GIVEN INITIALLY? (Note recommended number of milligrams for this person)</p> <hr/> <p>3. WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM?</p>	

4. IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM E.G. CONSTIPATION/DIARRHOA, WHAT ACTION SHOULD BE TAKEN

5. CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN? YES / NO

AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN? (State the time to have elapsed before re-administration takes place)

HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE? (State number of milligrams to be given and how many times this can be done after how long?)

6. WHEN SHOULD A PERSON'S USUAL DOCTOR BE CONSULTED?

7. WHEN SHOULD 999 BE DIALED FOR EMERGENCY HELP? (Please tick appropriate box)

IF A FULL PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SIEZURE

☐

OTHER (Please give details)

☐

8. WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM? (e.g. another member of staff of the same sex)

9. WHO/WHERE NEEDS TO BE INFORMED?

Prescribing doctor

a)

Tel:

Parent/ Guardian

b)

Tel:

Other

c)

Tel:

10. INSURANCE COVER IN PLACE?

YES / NO

11. **PRECAUTIONS** UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED  
e.g. Oral diazepam already administered within the last.....minutes

**ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED MUST BE RECORDED  
(See overleaf)**

**THIS PLAN HAS BEEN AGREED BY THE FOLLOWING**

PRESCRIBING DOCTOR

Date

(Block capitals)

Signature

AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM

NAME (Block Capitals)

Signature

Date

NAME (Block Capitals)

Signature

Date

NAME (Block Capitals)

Signature

Date

NAME (Block Capitals)

Signature

Date

CLIENT/PARENT/GUARDIAN (Block Capitals)

Signature

Date

EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM

NAME (Block Capitals)

Signature

Date

HEAD OF SCHOOL/UNIT

(Block Capitals)

Signature

Date

THIS FORM SHOULD BE AVAILABLE FOR REVIEW AT EVERY MEDICAL REVIEW OF THE PATIENT  
COPIES TO BE HELD BY

EXPIRY DATE OF THIS FORM

COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES

RECORD THE USE OF RECTAL DIAZEPAM					
DATE					
RECORDED BY					
TYPE OF SEIZURE					
LENGTH AND/OR NUMBER OF SEIZURES					
INITIAL DOSAGE					
OUTCOME					
SECOND DOSAGE (if any)					
OUTCOME					
OBSERVATIONS					
PERENT/GUARDIAN INFORMED					
PRESCRIBING DOCTOR INFORMED					
OTHER INFORMATION					
WITNESS					
REORDER OF RECTAL DIAZEPAM					
NAME OF PERSON ORDERING					
DATE					