

The background of the page features a faint, grayscale image of a ladder or a similar structural framework, composed of interconnected lines and joints, creating a geometric pattern.

Supplement # 1

**Guidelines for the Emergency
Use of
Anti-Seizure Medication in
Tennessee Schools**

Tennessee Department of Health and
Tennessee Department of Education

2009

Table of Contents

Introduction	2
Overview of Seizures in Schools	4
Classification of Epileptic Seizures	5
Care of Students with Seizures	6
Legislation	8
Role and Responsibility of Parent/Guardian	11
Role and Responsibility of the School Nurse	12
Local Education Agency (LEA) Role and Responsibility	14
Seizure and Diastat Training Module	20
Seizure Education Curriculum	23
Competency Checklist	36
List of Supplies	37
Sample Pre and Post Tests	38
Sample Forms:	
Seizure Report	22
Request for Emergency Medication Administration	15
MD Order Forms	16
Parent Notification of Giving Medications Outside School Hours	18
Parent Questionnaire and Student Safety Plan	34
References	42

Introduction

Working together the Tennessee Department of Education and the Tennessee Department of Health have developed Guidelines for the Emergency Use of Anti-Seizure Medication in Tennessee Schools to aid schools across Tennessee, both public and private, in the management and response to seizure emergencies in schools. The provisions of Tennessee Code Annotated, Section 49-5-415, allow school staff, who under no duress, volunteer to be trained in the administration of anti-seizure medication, including Diastat® rectal gel as prescribed by a licensed health care provider.

According to the National Epilepsy Foundation, about 200,000 new cases of epilepsy are diagnosed each year with the highest incidence in children under age 2 years and in adults over 65 years. About 120,000 children younger than 19 years experience their first seizure each year, and about 45,000 children under age 15 go on to develop epilepsy. Often the cause for seizures is not apparent.¹ Due to such a high incidence of seizure activity, most schools will have one or more students who may need care for a seizure problem at school.

There are several possible treatment methods to use to control epilepsy including medication, surgery, a special ketogenic diet, or an implanted magnet that can stimulate the vagus nerve when activated. Of these treatments, drug therapy is by far the most commonly used, and is usually the first to be tried. A number of medications are currently used in the treatment of epilepsy. These medications control different types of seizures. People who have more than one type of seizure may have to take more than one kind of medication, although physicians try to control seizures with one drug if possible. A seizure-preventing drug (also known as an antiepileptic or anticonvulsant drug) will not work properly until it reaches a certain level in the body, and that level has to be maintained. The goal is to keep the blood level high enough to prevent seizures, but not so high that it causes excessive sleepiness or other unpleasant side effects.²

However, even with therapeutic levels of anti-seizure medication, sometimes a seizure can still occur. When this happens additional medication is needed to stop the seizure. One such medication that is now commonly used is diazepam (commonly known as Valium). A special formulation of diazepam has been developed that can be administered to an unconscious person during a seizure. This special formulation is administered rectally as a gel, and is known by the trade name Diastat®.

Diastat works to stop seizure activity by acting on brain cell interactions that inhibit the seizure discharges. Diastat is rapidly absorbed from the lining of the rectum and quickly achieves therapeutic levels in the blood. It can be used in both children and adults.³

With the availability of an effective medication which may rapidly stop a seizure, it is important that provisions are made to provide this medication when a nurse is not available in the school. Therefore, the purpose of TCA 49-5-415 is to allow school districts to develop and implement an Emergency Seizure Response Plan that includes training school staff in the recognition of seizure activity and the administration of anti-seizure medication in the school setting. Using this statewide plan as a guide, each school district must develop processes to identify students with seizure conditions that would require Diastat®. It is important to note that not all students with seizure problems are treated with Diastat®. Some children with seizures are never treated with Diastat®. For other students there are different emergency anti-seizure medications that may be used. While these guidelines specifically address using Diazepam rectal gel, they could also be used to develop an Emergency Seizure Response Plan for other anti-seizure medications.

Once a child with a seizure disorder is identified and parents express the desire to have Diastat® available at school, an Individualized Health Plan (IHP) will be developed for each student outlining the response plan for that individual child.

Overview of Seizures in Schools

What Causes Seizures

Normally the brain sends small electrical impulses from nerve cell to nerve cell to communicate and process information that controls our day to day bodily functions and activities. The best way to explain what seizures are is to imagine abnormal electrical impulses firing rapidly in one or more parts of the brain. These rapidly firing impulses disrupt the normal electrical operations of the brain and result in altered levels of consciousness, altered sensations, and possibly unusual muscle contractions causing parts of the body to stiffen and convulse.

Under certain conditions, such as a reaction to medication or during pregnancy, anyone can have a seizure. Seizures are also common in certain illnesses such as when a child has a high fever or when a diabetic has severely low blood sugar. Most of the time a seizure only lasts for a few seconds. Occasionally they will last for several minutes. When seizures continue for over five minutes, they are considered a medical emergency and require treatment to stop them.

Some people have a condition known as epilepsy in which they have multiple recurrent seizures. The cause for epilepsy is not always known but usually someone with epilepsy will have had an evaluation to try and determine the cause for their seizures. Once they are determined to have epilepsy, treatment is usually initiated with medication, diet, special devices, or even surgery to treat the problem.

Types of Seizures

There are many different kinds of seizures, and they do not all cause the same symptoms and behaviors. What most people think of when they think of a seizure is what is known as a generalized tonic-clonic seizure. These used to be called grand mal seizures but are now classified by the symptoms present during the seizure. Tonic-clonic type seizures are characterized by sudden stiffening of the body, arms, or legs usually lasting several seconds. This stiffening is followed by a rhythmic contraction and relaxation of certain muscle groups causing the body to jerk. At the other end of the seizure spectrum are Absence Seizures, formally called petit mal seizures. When someone has an absence seizure the person might appear as if they are staring off into space or like they temporarily “zoned out” for a few seconds. It is possible for someone to have more than one type of seizure. Below is a list of the various types of seizures and a brief description of each type.

Classification of Epileptic Seizures

Primary Generalized Seizures

- Absence Seizures (formerly called petit mal):
 - Typical brief episodes of staring, blinking, unaware of surroundings; usually lasts less than 10 seconds but may last up to 20 seconds
 - Atypical staring spells lasting between 5 to 30 seconds, eye blinking or slight jerking movement of the lips may occur; partial reduction in responsiveness
- Myoclonic: Brief jerks of a muscle or group of muscles; usually involving the neck, shoulders, and upper arms
- Atonic: Sudden loss of muscle strength, eyelids may droop, head may nod, objects may be dropped, or the child may fall to the ground; usually lasts less than 15 seconds, injury is common; child typically needs to wear a helmet.
- Clonic: Rhythmic jerking movements of the arms and legs, may be generalized
- Tonic: Sudden stiffening movements of the body, arms, or legs involving both sides of the body; usually last less than 20 seconds
- Tonic-Clonic (formerly called grand mal): Convulsive seizures, body briefly stiffens followed by a jerking motion of the arms and legs; loss of consciousness and falls frequently occur, excessive saliva production may be present, possible loss of bowel and bladder control; usually lasts a couple of minutes, the child is often tired or confused after the seizure and may want to go to sleep.

Partial Seizures (seizures originating in specific parts of the brain)

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Simple Partial (focal seizures)<ul style="list-style-type: none">➢ With motor symptoms➢ With somatosensory➢ With autonomic symptoms➢ With psychic symptoms | <p>Consciousness not impaired</p> <p>Jerking and stiffening</p> <p>Touch, smell, hearing, taste, and sight symptoms</p> <p>Heart rate change, internal sensations</p> <p>Dreamy state</p> |
| <ul style="list-style-type: none">▪ Complex Partial seizures | <p>Consciousness impaired</p> <p>Movements of the mouth and face (e.g., lip smacking, chewing, and swallowing movements), the hands and arms (e.g., fumbling, picking, and tapping movements), vocalizations (e.g., grunts or repetition of words or phrases)⁴</p> |
| <ul style="list-style-type: none">▪ Seizure Clustering | <p>Repetitive or serial seizures</p> <p>Clustering implies that the occurrence of one seizure may influence the probability of a subsequent seizure. Health care provider will give specific details.</p> |

Care of Students with Seizures

Public Chapter 1054 amended T.C.A. title 49, Chapter 5 regarding the administration of anti-seizure medications in school settings in emergency situations. This statute establishes procedures for all Local Education Agencies (LEAs) and the governing boards of non-public schools that choose to allow volunteer school personnel to administer anti-seizure medication. This statute sets forth the following guiding principals:

- School personnel in both public and non-public schools who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a non-public school may administer emergency anti-seizure medications, including diazepam gel, to a student in an emergency situation based on that student's Individualized Health Plan (IHP).
- If a school nurse is available, on site, and able to reach the student within the time limit for administration specified in the IHP, then the nurse shall provide this service to the student.
- A nurse employed or contracted by the LEA shall be responsible for updating and maintaining each IHP.
- At least one (1) school employee is to serve as a witness on any occasion a volunteer administers emergency anti-seizure medication during an emergency situation, unless a witness is not available within the time limit for administration specified in the IHP.
- Training shall be conducted as soon as possible, and shall be repeated annually thereafter. In addition, competencies to administer emergency anti-seizure medications shall be documented in the personnel file of all volunteer school personnel.
- All volunteers trained to administer emergency anti-seizure medications shall also be trained in cardiopulmonary resuscitation (CPR) consistent with guidelines of the American Heart Association prior to anti-seizure medication training.
- When a trained volunteer determines the administration of diazepam gel is necessary, school officials shall immediately summon local emergency medical services to the school to provide necessary monitoring or transport to safeguard the health and condition of the student.
- Trained volunteer school personnel administering emergency anti-seizure medications under this subsection, any registered nurse who provides training to administer such medications and any local board of education or governing board for a non-public school authorizing the same shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the administration of such medications, if performed pursuant to the policies and guidelines developed by the Departments of Education and Health and approved by applicable regulatory or governing boards or agencies.
- An LEA shall not assign a student with epilepsy or other seizure disorder to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.
- Prior to administration of an emergency anti-seizure medication to a student by volunteer school personnel or a school nurse in an emergency situation, the student's parent or guardian shall provide: (A) The school with a written authorization to administer the medication at school; (B) A

written statement from the student's health care practitioner, which statement shall contain the student's name, the name and purpose of the medication, the prescribed dosage, the route of administration, the frequency that the medication may be administered, and the specific circumstances under which the medication may be administered.

- If there is not a nurse or volunteer available, or able, to administer the emergency seizure medication, then 911 or Emergency Medical Services will be called by school personnel.
- Prior to its date of expiration, the prescribed medication shall be supplied to the school in its original package with the dosage locked in by the dispensing pharmacy. The parent and nurse should verify that the correct dosage is visible in the display window and the green "ready" band is visible.
- The written authorization to administer emergency anti-seizure medication shall be kept on file in the office of the school nurse or school administrator. Unless subsequently rescinded in writing, such authorization shall be effective for the entirety of the school year in which it is granted.
- The school nurse or school administrator shall check monthly the expiration date for each emergency anti-seizure medication in possession of the school. At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date, and the need for a new anti-seizure medication in the original package with the dosage locked in by the dispensing pharmacy with an intact label and a valid expiration date.
- A student's parent or guardian, who has given the student's school written authorization to administer emergency anti-seizure medication, shall, in accordance with the student's IHP, notify the school administrator or school nurse if emergency anti-seizure medication or prescription or over-the-counter medicines are administered to the student at a time at which the student is not present at school. The student's IHP shall set forth with specificity the requirements of reporting administration of medication and for the dissemination of such information to volunteer school personnel trained to administer emergency anti-seizure medication. Such notification shall be given after administration of medication, before or at the beginning of the next school day in which the student is in attendance.

PUBLIC CHAPTER NO. 1054

HOUSE BILL NO. 3268

By Representative Maddox

Substituted for: Senate Bill No. 2798

By Senators Woodson, Ketron

AN ACT to amend Tennessee Code Annotated, Title 49, Chapter 5, relative to administration of anti-seizure medications in school settings in emergency situations.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 49-5-415, is amended by adding the following language as a new subsection (g):

(g)

(1) In addition to the assistance with self-administration of medications provided for in subsection (a), public and non-public school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a non-public school may administer anti-seizure medications, including diazepam gel, to a student in an emergency situation based on that student's IHP. However, if a school nurse is available, on site, and able to reach the student within the time limit for administration specified in the IHP, then the nurse shall provide this service to the student. All public schools are subject to all requirements in this subsection (g). Non-public schools whose governing boards choose to allow volunteer administration of anti-seizure medications are subject to all requirements of this subsection (g) except those in subdivisions (g)(2) and (g)(7).

(2) A nurse employed or contracted by the LEA shall be responsible for updating and maintaining each IHP.

(3) The department of health and the department of education shall jointly amend current "Guidelines for Use of Health Care Professionals and Health Procedures in a School Setting" to reflect the appropriate procedures for use by registered nurses in training volunteer school personnel to administer anti-seizure medications, including diazepam gel, to a student in an emergency situation. The board of nursing and the Epilepsy Foundations of Tennessee shall be afforded the opportunity to review and comment on the guidelines before they take effect and any training begins. The guidelines developed shall be used uniformly by all LEAs and the governing boards of non-public schools that choose to allow volunteer school personnel to administer anti-seizure

medications. In addition, the guidelines shall require at least one (1) school employee to serve as a witness on any occasion a volunteer administers anti-seizure medication during an emergency situation, unless a witness is not available within the time limit for administration specified in the IHP.

(4) Once a public or private school has determined to allow volunteer staff to administer anti-seizure medication in an emergency situation, the training referenced in subdivision (g)(3) shall be conducted as soon as possible, and shall be repeated annually thereafter. In addition, competencies to administer anti-seizure medications shall be documented in the personnel file of all volunteer school personnel. All volunteers trained to administer anti-seizure medications shall also be trained in cardiopulmonary resuscitation (CPR).

(5) Upon the decision of a trained volunteer to administer diazepam gel, school officials shall immediately summon local emergency medical services to the school to provide necessary monitoring or transport to safeguard the health and condition of the student.

(6) Trained volunteer school personnel administering anti-seizure medications under this subsection, any registered nurse who provides training to administer such medications and any local board of education or governing board for a non-public school authorizing the same shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the administration of such medications, if performed pursuant to the policies and guidelines developed by the departments of health and education and approved by applicable regulatory or governing boards or agencies.

(7) An LEA shall not assign a student with epilepsy or other seizure disorder to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.

(8) Prior to administration of an anti-seizure medication to a student by volunteer school personnel or a school nurse in an emergency situation, the student's parent or guardian shall provide:

(A) The school with a written authorization to administer the medication at school;

(B) A written statement from the student's health care practitioner, which statement shall contain the student's name, the name and purpose of the medication, the prescribed dosage, the route of administration, the frequency that the medication may be administered, and the circumstances under which the medication may be administered; and

(C) Prior to its date of expiration, the prescribed medication to the school in its unopened, sealed package with the intact label affixed by the dispensing pharmacy.

(9) The written authorization required by subdivision (g)(8)(A) above shall be kept on file in the office of the school nurse or school administrator. Unless subsequently rescinded in writing, such authorization shall be effective for the entirety of the school year in which it is granted.

(10) The school nurse or school administrator shall check monthly the expiration date for each anti-seizure medication in possession of the school monthly. At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date.

(11) A student's parent or guardian, who has given the student's school written authorization to administer anti-seizure medication, shall, in accordance with the student's IHP, notify the school administrator or school nurse if anti-seizure medication or prescription or over-the-counter medicines are administered to the student at a time at which the student is not present at school. The student's IHP shall set forth with specificity the requirements of reporting administration of medication and for the dissemination of such information to volunteer school personnel trained to administer anti-seizure medication. Such notification shall be given after administration of medication before or at the beginning of the next school day in which the student is in attendance.

SECTION 2. The department of health and the department of education shall report jointly to the education committees of the senate and the house of representatives by September 1, 2010, on the administration of anti-seizure medication by volunteer school personnel pursuant to this act in the two (2) years subsequent to the effective date of this act. The departments shall also report on the status of the school nurse program.

SECTION 3. This act shall take effect upon July 1, 2008, the public welfare requiring it.

PASSED: May 13, 2008

APPROVED this 28th day of May 2008

Role and Responsibility of Parent/Guardian

The student's parent/ guardian shall provide the school with the following information, supplies, and equipment:

- A written authorization to administer the medication at school with district's release of liability pursuant to T.C.A. § 49-5-415. The school system authorization shall be kept on file in the office of the school nurse or school administrator/or designee.
- A written statement from the student's health care practitioner that includes the following information:
 - the student's name
 - name and purpose of the medication
 - prescribed dosage
 - route of administration
 - the frequency that the medication may be administered
 - detailed circumstances under which the medication may be administered
 - a list of other medications student is taking, with emphasis on any medication that could increase or change the effects of Diastat
- The parent or guardian must deliver the medication to the school in an original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date. While the parent/guardian is present, the nurse will check to ascertain that the green ready seal is visible and correct dosage is locked into place. If the green ready seal has not been locked, the parent/guardian should return to the pharmacy with the medication to have the seal and dosage locked into place.
- Parent or guardian will be notified at least one (1) month prior to the expiration date of medication. The school nurse or administrator shall inform the student's parent/guardian of the need for medication in an original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date.
- The parent or guardian must replace expired medication prior to the expiration date. If not replaced by parent or guardian, then 911 will be called in the event of a seizure based on criteria for use of the emergency anti-seizure medication.
- The medication order is good for the entire school year unless rescinded in writing.
- A student's parent or guardian will notify the school administrator or school nurse if emergency anti-seizure medication or any new prescription or over-the-counter medication is given outside of school hours by the next school day.
- When 911 is called for treatment of seizures, it is at the parent or guardian's expense.

Role and Responsibility of the School Nurse

Pursuant to TCA § 49-5-415:

- If a school nurse is available, on site, and able to reach the student within the time limit for administration of the emergency anti-seizure medication specified in the health care provider's order, then the nurse shall provide this service to the student.
- An RN will conduct initial volunteer training based on State Department of Health/Department of Education Guidelines and the student's current Individualized Health Plan (IHP) as soon as possible after identifying the student, and repeat student specific training annually.
- An RN employed or contracted by the LEA shall be responsible for developing an IHP that will be revised annually, or as needed, identifying the following student-specific information:
 - all medical diagnoses that may impact medication administration
 - known allergies to food or medication
 - student's reported weight
 - student's resting breathing rate
 - specific seizure history
 - specific type(s) of seizure(s)
 - explain the student's response to any previous administration of emergency anti-seizure medication
 - frequency of seizure activity
 - description of the usual type of seizure activity
 - usual duration of seizure activity
 - describe usual post seizure activity and plan
 - medications student is taking, especially the ones that may potentiate emergency anti-seizure medication

Medication:

- School administrator/School nurse shall check monthly, and document, the expiration dates for each anti-seizure emergency medication in possession of the school.
- Expired medication cannot be administered, and 911 will be called in the event of a seizure based on criteria for administration of the emergency anti-seizure medication.
- At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date and the need for replacement medication in the original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date.
- School nurse will verify the correct dose of medication is locked into the syringe prior to its storage and, if not, will return the medication to the parent/guardian to take back to the pharmacy to get locked prior to accepting medication.
- School nurse will document the name, dose, and route of medication with the expiration date on the appropriate form.
- Indicate the specific time frame for administration of emergency anti-seizure medication intervention.
- Identify the location of the medication in the school.
- Identify any specific storage and handling required for the medication.
- Obtain information from the parent/guardian regarding the administration of emergency anti-seizure medication in a setting outside the school.

- Provide the parent with the required form to document the administration of emergency anti-seizure medication or over the counter non-prescription medication outside of school hours with instructions to return to the school nurse or school administrator the next school day that student attends.
- Obtain information from the parent/guardian regarding the administration of other non-seizure or over the counter medications in a setting outside the school, especially those that may potentiate the effects of anti-seizure emergency medications.
- If the school nurse or volunteer is unavailable or unable to give emergency anti-seizure medication, then 911 will be called.
- Determine the plan for anti-seizure medication that is transported daily to and from school.

Communication:

- Describe the established method of communication for the student /nurse/volunteer/witness to facilitate a rapid response in the event of a seizure.

Personnel:

- Identify by name the volunteer(s) trained to administer the medication and their usual location in the building.

Training:

- The RN will verify that the CPR status of the volunteer is current and consistent with guidelines of the American Heart Association prior to anti-seizure emergency medication training of the volunteer, and will place certification of training in the personnel or other appropriate school file.
- Training will be based on the information provided in the training guidelines and in the training curriculum.
- The RN will conduct an assessment and document the volunteer's competency in understanding seizures, the medication, method of administration and all tasks required to carry out the specific guidelines for administration of emergency anti-seizure medication. The school nurse will determine the competency of the volunteer to administer the emergency anti-seizure medication.

Local Education Agency (LEA) Role and Responsibility

An LEA that chooses to ask for school personnel volunteers to be trained to administer emergency anti-seizure medication in an emergency situation will provide the following:

- a. A school personnel volunteer(s), under no duress, will be trained in the administration of an emergency anti-seizure medication.
- b. Cardiopulmonary resuscitation (CPR), consistent with guidelines of the American Heart Association, will be taught to any school personnel volunteer prior to receiving emergency anti-seizure medication training.
- c. If the school nurse or school personnel volunteer is not available or is unable to administer emergency anti-seizure medication, 911 will be called, in accordance with Safety Plan/ Individualized Health Plan (IHP).
- d. School Administrator/school nurse will conduct a monthly check of each anti-seizure medication in possession of the school and notify the parent/guardian one (1) month prior to the medication expiration date.
- e. The LEA will maintain CPR training and emergency anti-seizure medication training documentation in the school personnel volunteer's personnel file annually.
- f. Upon administration of emergency anti-seizure medication, the school officials will call 911.
- g. LEA shall not assign a student to a school other than the one to which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.

SAMPLE

School System
Name and Address

REQUEST FOR EMERGENCY MEDICATION ADMINISTRATION

To be completed by health care provider

The health care provider may be a medical doctor (M.D.), dentist (D.D.S.), physician assistant (P.A.), or a registered nurse practitioner/clinician (RN NP/CS).

Requests for school health services during school hours require this statement be filed with the school administrator/nurse. Consideration of this request is based on school health guidelines. Please respond to every item on this form. Only totally completed forms will be honored.

School _____	Teacher _____	Grade _____
Student full name _____	Date of Birth ____ / ____ / ____	
Last	First	Middle
Address _____	Telephone _____	
City _____	State _____	Zip _____
List all known Medical Diagnosis including known allergy information: _____		

Special training is required for giving this medication, so indicate below specific type(s) seizure(s) and detailed description of seizure activity that requires emergency anti-seizure medication.

Name of medication: _____

Time frame for administration: _____

Route of administration: _____

Dose to be administered: _____

Provide special instructions for administration of anti seizure emergency medication

Give a description of related physical conditions that require PRN administration of this medication.

Special Instructions for Medication Storage and Handling: _____

Possible Side Effects: _____

Begin date _____ Termination date _____

Health care provider information:

Name: _____ Phone: _____

Address: _____ Fax: _____

Health Care Provider Signature: _____ Date: _____

Pursuant to HIPAA regulations, 45 C.F.R. §164.506 and § 1654.501, I may disclose protected health information regarding this student's treatment activities to be implemented by the school nurse program.

SAMPLE

**HEALTH CARE PROVIDER'S ORDER FOR THE ADMINISTRATION
OF DIASTAT IN THE SCHOOL SETTING**

Child's Name: _____ D.O.B. _____

1. Drug and Dosage: _____

2. When should child be treated with Diastat (be very specific): _____

3. Has child ever received Diastat before and how did they react?

4. How long should the seizure last before emergency anti-seizure medication is given?

5. What side effects can be expected after the administration of Diastat? _____

6. What other medications does this child take, with emphasis on any drug that can potentiate Diastat?

7. If the child has a cold, respiratory infection, or fever, should the Diastat be given?

8. After administering the Diastat, 911 will be called.

9. If a seizure should occur while the child is being transported to or from school on the school bus, our procedure will be to call 911.

Physician's Signature/Licensed Health Care Provider

Date

It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by a school registered nurse, or trained volunteer, employed by the __ (Name) _____ County School System, the undersigned parent or guardian hereby understands and agrees that the __ (Name) _____ County School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent assistance in the administration of emergency anti-seizure medication (T.C.A. § 49-5-415). Permission is given for communication with the HCP regarding this medication.

Signature of Parent/Guardian

Date

PRINT Parent/Guardian Name

Phone number during the day

Alternate phone number

Cell phone number

Sample

REQUEST FOR MEDICAL PROCEDURE / MEDICATION ADMINISTRATION

Requests for school nursing services during school hours requires that this statement be filed with the school principal. **Consideration of this request will be based on school health guidelines.** Please respond to every item on this form. Only totally completed forms will be honored.

School _____	School Hours _____	Teacher _____	Grade _____
Student Name _____	Date of Birth _____ / _____ / _____		
Last First Middle			
Address _____	Telephone _____		
Medical Conditions (Optional) _____	Cell Phone _____		

HEALTH CARE PROVIDER STATEMENT

The health care provider may be a medical doctor (M.D.), dentist (D.D.S.), physician assistant (P.A.), or a registered nurse practitioner/clinician (RN NP/CS).

To be completed by health care provider:

Type of Procedure: _____

Frequency of Procedure: _____

Contraindications for administration of emergency anti-seizure medication: _____

Name of Drug: _____ **Allergies:** _____

Date to Start: _____ Through: _____

Dosage and Times at School: _____

Special Instructions for Storage and Handling: _____

Possible Side Effects: _____

Health Care Provider Name: _____ Phone: _____

Address: _____ Fax : _____

Health Care Provider Signature: _____ Date: _____

Pursuant to HIPAA regulations, 45 C.F.R. §164.506 and § 1654.501, I may disclose protected health information regarding this student's treatment activities to be implemented by the school nurse program.

To Be Completed by Parent / Guardian

I understand I am requesting a Medical Procedure/Medication Administration be performed for my child. I understand a qualified individual will perform such procedure and/or administer such medication. I understand that all medications provided to the school for use must be labeled by the pharmacist and in the original container. Changes during the year require a signed authorization from the health care provider. I understand that to properly perform this health care procedure, the school nurse program may require clarification from the health care provider to assist them in the treatment activities that I have requested. I understand that the health care provider may disclose protected health information in consultation with the school nurse.

Parent / Guardian Name: (Please Print) _____

Parent/ Guardian Signature _____ Date _____

911 will be called if nurse or volunteer is unavailable or unable to administer the emergency anti-seizure medication.

**Sample
School System
Address
City**

Notification Form for Parent-Administered Medication Outside School Hours

1.) Pursuant to TCA, Section 49-5-415, subsection (g): and TN State Department of Health and Department of Education Guidelines, it is the responsibility of the student's parent/guardian to notify the school nurse and/or the school administrator in writing of the administration of any anti-seizure emergency medication or any over-the-counter medication that is not in the regular medication schedule. New or over-the-counter medications can change how the child's regular medications work. Since Diastat is not to be given more than every 5 days, it is important that notice be sent to the school the day after it is given at home.

2.) The school system cannot be held liable for any adverse reactions that a student has, especially when knowledge of new medications or Diastat that are given at home is not shared with the school nurse or school administrator by the first day the student returns to school following home medication administration.

3.) This form should be completed by the parent or guardian to record these medications.

Parent/Guardian will provide the following information:
[If more than one medication is administered use a new form for each]

Is the medication a prescription medication? _____yes_____no

Is the medication an over-the-counter medication/herbal supplement? ____yes____no

Name of the medication _____

The amount of medication given _____

The time and date the medication was given _____

The route of administration _____

The reason the medication was given _____

Was the medication given more than one (1) time _____Yes _____No

If yes, explain the time frame for administration and why it was given more than one time.

Parent signature: _____ **Date** _____

School use only:

Received by _____ (School Personnel) Total # forms rec'd _____

Date _____ of _____

REPORT OF ADMINISTRATION OF DIASTAT

Date: _____

Child's Name: _____ D.O.B. _____

Child's baseline vital signs : _____ Reported weight: _____

Time seizure began: _____ Time DIASTAT given: _____

Observations made, if any: _____

Seizure description: _____

1. Change in respiratory rate: _____

2. Change in color: _____

3. Side effects of medication noted: _____

4. Action taken: _____

5. Time seizure ended (if ended while in care of school staff): _____

Where was used material disposed of ? _____

(Note: Medication cannot be reused.)

Witness of disposal _____

When was 911 called? _____ Response: _____

When was parent contacted? _____ Response: _____

Narrative of incident: _____

Signature of Person Completing Form

Time

Date

SEIZURE AND DIASTAT TRAINING MODULE

Instructional Guidelines:

In accordance with Public Chapter 1054 which amended T.C.A. Title 49, Chapter 5 regarding the administration of emergency anti-seizure medications in school settings, public and non-public school staff who volunteer may be trained to administer emergency anti-seizure medication including Diastat Gel. The curriculum for training includes:

- 1) General education about seizures and epilepsy.
- 2) The recognition of prolonged seizure activity requiring intervention.
- 3) Immediate first aid techniques including cardiopulmonary resuscitation (CPR) for the management of seizures.
- 4) Protocol and proper technique for the administration of emergency anti-seizure medication.
- 5) Appropriate post seizure aftercare.

This training will be provided by registered nurses employed or contracted by the LEA in accordance with the statute.

Purpose: To provide volunteer school personnel training in the recognition of seizures and especially prolonged seizure activity that may require rapid administration of emergency anti-seizure medication in the school setting.

Objectives:

Upon completion of the Seizure and Diastat Administration Training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms are required to be completed for students with conditions requiring the emergency administration of emergency anti-seizure medication (including Diastat rectal gel) in accordance with school district policy and requirements.
2. Have a basic understanding of seizures and the different types and characteristics of each type of seizure.
3. Develop an understanding of how to manage seizures during the school day based upon Health Care Provider's seizure authorization, including immediate first aid for seizures and techniques for CPR.
4. Know the five rights (5 R's) of medication administration.
5. Read medication label and how to correctly follow directions on medication label.
6. Proper storage of prescription medication.
7. How to appropriately administer Diastat.
8. Steps to follow after administering Diastat.
9. When to call EMS (911).
10. How to dispose of unused emergency anti-seizure medication/delivery device.

Evaluation Process: Objectives will be evaluated through either post-test and/or return demonstration(s), and annual training.

Prior to the administration of any emergency anti-seizure medication it is essential that the proper documentation be in place and the appropriate forms be correctly completed and authorized. Each LEA currently has proprietary medication administration forms that are used in their district for the authorization of medication at school. These forms can still be used by school districts as their written authorization to administer anti-seizure medication including Diastat rectal gel; however, at a minimum, the form must specify the student's name, the name and purpose of the medication, the prescribed dosage, the route of administration, the frequency that the medication may be administered, and the circumstances under which the medication may be administered. The written authorization to administer emergency anti-seizure medication shall be kept on file in the office of the school nurse or school administrator. Unless subsequently rescinded in writing, such authorization shall be effective for the entirety of the school year in which it is granted. New authorization must be obtained each school year.

- The completed medication administration form must be supplied to the school by the child's parent or guardian along with the medication prescribed. The prescribed medication must be in the original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date. While the parent is present, the nurse will check to ascertain that the green ready seal is visible and correct dosage is locked into place. If the green ready seal has not been locked, the parent should return to the pharmacy with the medication to have the seal and dosage locked into place.

The school nurse/school administrator/designee is required to check monthly the expiration date for each emergency anti-seizure medication in possession of the school. At least one (1) month prior to the expiration date of each medication, the school nurse/administrator/designee shall inform the student's parent or guardian of the expiration date. A new prescription of medication with a valid expiration date must be supplied to the school by the parent or guardian (see above). Expired medication will not be administered, and 911 will be called in the event of a seizure that meets criteria for the use of the emergency anti-seizure medication.

An Individualized Health Plan (IHP) will be developed by the nurse, school staff, and family and shall set forth specific requirements for reporting administration of emergency anti-seizure medication, prescription medication or over-the-counter medicines that are administered when the student is not present at school. This information will be shared before or at the beginning of the next school day the student is at school. The IHP will also explain how previous medication history information will be shared with the trained volunteer who will be administering emergency anti-seizure medication.

Seizure Education Curriculum

Introduction

A seizure happens when the electrical system of the brain malfunctions. Instead of discharging electrical energy in a controlled manner, the brain cells keep firing. The result may be a surge of energy through the brain, causing unconsciousness and contractions of the muscles.

If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, uncontrolled, unorganized movements. Most seizures last only a minute or two, although confusion afterwards may last longer. An epilepsy syndrome is defined by a collection of similar factors, such as type of seizure, when they developed in life, and response to treatment.

The Brain and Epilepsy

The human brain is the source of epilepsy. Although the symptoms of a seizure may affect any part of the body, the electrical events that produce the symptoms occur in the brain. The location of that event, the extent of its reach with the tissue of the brain, and how long it lasts all have profound effects.

Types of Seizures

There are many different types of seizures. People may experience just one type or more than one. The kind of seizure a person has depends on which part and how much of the brain is affected by the electrical disturbance that produces seizures. Experts divide seizures into generalized seizures (absence, atonic, tonic-clonic, myoclonic), partial seizures (simple and complex), nonepileptic seizures and status epilepticus.

Epilepsy Syndromes

Classifying epilepsy by seizure type alone leaves out other important information about the patient and the episodes themselves. Classifying into syndromes takes a number of characteristics into account, including the type of seizure; typical EEG recordings; clinical features such as behavior during the seizure; the expected course of the disorder; precipitating features; expected response to treatment; and genetic factors.

Causes of Epilepsy

Seizures are symptoms of abnormal brain function. With the exception of very young children and the elderly, the cause of the abnormal brain function is usually not identifiable. In about seven out of ten people with epilepsy, no cause can be found. Among the rest, the cause may be any one of a number of things that can make a difference in the way the brain works. Head injuries or lack of oxygen during birth may damage the delicate electrical system in the brain. Other causes include brain tumors, genetic conditions (such as tuberous sclerosis), lead poisoning, problems in development of the brain before birth, and infections like meningitis or encephalitis.

A child's brain contains billions of nerve cells. They communicate with each other through tiny electrical charges that fire on and off in a coordinated fashion. When some or all of these cells suddenly begin to fire in a disorganized manner, a wave of electrical energy sweeps through the brain, causing a seizure.

Seizures interfere with the child's normal brain functions. They produce sudden changes in consciousness, movement, or sensation. Some people use the term "seizure disorder" instead of

"epilepsy" to describe this condition. Both mean the same thing -- an underlying tendency to experience seizures. Having a single seizure does not mean a child has epilepsy -- epilepsy is the name for seizures that happen more than once without a known treatable cause, such as fever or low blood sugar. While epilepsy can begin at any time of life, fifty percent of all cases begin before the age of 25. Many start in early childhood. One reason is that immature brains are more susceptible to seizures from any cause.

Possible Causes

Pinpointing the cause of epilepsy is difficult at any age. In seven out of every ten cases, there is no known cause and they are labeled as having idiopathic epilepsy. "Idiopathic" is a Latin word meaning "of unknown cause."

There are many possible causes in children. These include problems with brain development before birth; lack of oxygen during or following birth; a head injury that leaves scarring on the brain; unusual structures in the brain; tumors; a prolonged seizure with fever, or the after-effects of severe brain infections such as meningitis or encephalitis. When a cause can be identified, these children are labeled as having symptomatic epilepsy. The seizures are felt to be a symptom of the underlying brain injury.

Genetic Factors

Epilepsy is a common disorder and frequently within an extended family more than one person may have seizures.

In most cases a specific pattern of inheritance of epilepsy within the family cannot be determined. However, there does appear to be a slightly increased risk of epilepsy in close relatives of individuals with seizures compared to the risk in the general population.

Sometimes there is a family history of seizures, including febrile (fever-caused) seizures, epilepsy, or seizures in childhood that later went into remission.

Absence and juvenile myoclonic epilepsy are two types of epilepsy that tend to run in families and are thought to have a genetic basis.

A lot of research is going on now in an effort to find the genetic roots of some forms of epilepsy or the inherited conditions that have seizures as a primary symptom.

Seizure Triggers

Some people who have epilepsy have no special seizure triggers, while others are able to recognize things in their lives that do affect their seizures. Keep in mind, however, that just because two events happen around the same time does not mean that one is the cause of the other. Generally, the most frequent cause of an unexpected seizure is failure to take anti-seizure medication as prescribed. Other factors include ingested substances, hormone fluctuations, stress, sleep patterns and photosensitivity.

Photosensitivity and Seizures

Photosensitive epilepsy is more common in children and adolescents, especially those with generalized epilepsy, in particular juvenile myoclonic epilepsy. It becomes less frequent with age, with relatively few cases in the mid twenties.

Many people are unaware that they are sensitive to flickering lights or to certain kinds of patterns until they have a seizure. They may never go on to develop epilepsy, which is characterized by recurrent spontaneous seizures, though a seizure may be triggered by certain photic conditions. Many individuals who are disturbed by light exposure do not develop seizures but experience other symptoms such as headache, nausea, dizziness and more. They do not have epilepsy.

Minimizing the Risk of Photosensitive Epilepsy: Computer Monitors:

- Use a flicker-free monitor (LCD display or flat screen).
- Use a monitor glare guard.
- Wear non-glare glasses to reduce glare from the screen.
- Take frequent breaks from tasks involving the computer.

Immediate first aid techniques for management of seizures:

The immediate first aid for seizures will be outlined in the IHP / safety plan developed for each child with seizures. Since not all children with seizures have an order for anti-seizure medication at school, it is very important that school staff understand what first aid response is necessary as well as the appropriate after seizure care. Below are the first aid steps to follow for seizures. This information is also included on the seizure safety plan with additional space to customize the plan for each student with a seizure diagnosis.

All school staff who volunteer to be trained in the administration of emergency anti-seizure medications during a seizure must first be trained in CPR. The minimum training should be equivalent to the American Heart Association's Family and Friends curriculum.

As a part of the staff training, show the video of a child having a seizure - located on the web site of the Epilepsy Foundation:

www.epilepsyfoundation.org/living/backtoschool/FirstAid-GenTonClonic.cfm

For all Seizures:

It is important to respond quickly to assist the student having a seizure. Most seizures last only a short time and may not require Diastat. The initial response for all seizures involves the following steps:

1. Keep calm - let seizure run its course.
2. DO NOT attempt to restrain or force objects between teeth.
3. Ease child to floor if possible and remove objects from the immediate area which may cause injury.
4. Turn on side to prevent aspirating saliva.
5. Loosen tight clothing and place something soft and flat under his/her head.
6. Time the seizure and observe the seizure pattern (such as the number of seizures clustered together, nature of movements and level of consciousness).
7. All students with seizures will have an IHP with emergency guidelines in place for the school setting.

Proper technique for the administration of anti-seizure medication:

Certain guiding principles are mandatory when dealing with medication administration. The most important of which is being sure you follow the five “R’s” of administration. These simple but important guidelines help assure that the correct person is given the intended medication in the prescribed amount at the correct time and in the proper way. A summary of the five “R’s” is listed below:

Prevent Medication Problems: Practice the 5 “R”s

Ensuring medication safety requires that health care providers identify and confirm the following facts prior to administering any medication and/or treatment to each patient:

1. **Right** patient
2. **Right** drug or treatment
3. **Right** dose
4. **Right** time
5. **Right** route of administration

EMERGENCY PLAN FOR A SEIZURE

DURING SEIZURE ACTIVITY:

1. **STAY WITH THE CHILD.**
2.
 - a. If falling or generalized jerking occurs, place child on floor.
 - b. Gently support head to side position and monitor breathing and pulse.
 - c. **DO NOT** restrain child. **DO NOT** try and place anything in child’s mouth or between child’s teeth.
 - d. Protect child by moving items away that may cause injury – e.g. desks, chairs.
 - e. Loosen clothing at neck and waist; remove eyeglasses (if applicable).
3. Have another classroom adult remove/direct students from the area.
4. Use watch. **TIME THE SEIZURE.** Observe pattern of the seizure and be prepared to describe it.
5. **CALL 911 IF:**
 - a. Absence of breathing and/or pulse (Start CPR for absence of breathing and pulse).
 - b. Seizure of **5** minutes or greater duration.
 - c. Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater.
 - d. No previous history of seizure activity.
 - e. Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.
 - f. After Diastat / emergency anti-seizure medication is administered.

If emergency anti-seizure medication is given, student will be transported by EMS

AFTER SEIZURE ACTIVITY:

1. Reorient and reassure child.
 - a. Allow/assist change into clean clothing if necessary.
 - b. Allow child to sleep, as desired, after seizure.
 - c. Allow child to eat, as desired, once fully alert and oriented.
2. A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.
3. Inform parent immediately of seizure by telephone if:
 - a. Seizure is different from usual type/frequency/has not occurred at school in past month.
 - b. Seizure meets criteria for 9-1-1 emergency call.
 - c. Child has not returned to "normal self" after 30/60 minutes.
4. It is the parent's responsibility to determine follow-up care with health care provider for symptoms.

INFORMATION ON RECTAL DIAZEPAM (DIASTAT® or DIASTAT® AcuDial™)

A. Rectal Diazepam is a benzodiazepine class medication (Valium) used to stop prolonged seizures. In the rectal gel preparation, it is more convenient to administer to patients who cannot swallow during or after seizures. Rectal Diazepam is supplied in a syringe like container and has a small plastic applicator tip that is inserted just inside the rectum (Detailed instructions are listed below). The dose is predetermined by child's age and weight, and is delivered in pre-set dosages..

B. The most common side effect of Diastat is sedation. This sedation is more likely to occur at higher dosages or if the medication has previously been given within the past eight hours. **Therefore it is critical for school personnel to know about same day use of Diastat prior to school. Diastat is not to be used more than 5 times a month and/or more than once in 5 days.** It is also important for school personnel to be informed by the health care provider of any interactions between Diastat and other medication the student may be taking that could possibly potentiate the sedative effect of Diastat.

C. The dosage of Diastat will be predetermined by the child's health care provider and that specific dose will be loaded into the AcuDial container and locked by the pharmacy. It is not necessary for school personnel to calculate the dose to be administered at school.

D. Prior to the administration of Diastat the following must be in place to enable procedure to be performed at school.

1. Medication Authorization form completed by health care provider and signed by parent, including indications/contraindications and follow-up plan.
2. Properly labeled pharmaceutical container with medication dosage locked with the green ready seal visible and specific instructions noted.

Prior to storing the medication for future use, the School Nurse must verify the correct dosage has been dialed and locked by the pharmacy with the green ready seal visible, check tip for cracks, and document this on the Emergency Medication Log.

3. Knowledge by the nurse and/or properly trained volunteer on what type of seizure activity this medication is to be administered for and how many minutes into the seizure it is to be given, as described by the health care provider.
4. Medication administration log.
5. Seizure Report.
6. Gloves.
7. Individualized Health Plan (IHP) or Individualized Education Plan (IEP) or other written instructions for administration of this medication.
8. Blanket or sheet to provide privacy for student.
9. Check expiration date and ensure that protective cap is removed with the seal pin intact prior to administration.
10. Administer Rectal Diazepam as directed by health care provider's orders designating number of minutes to be given into the seizure. (**See attached Manufacturer's Procedure for Rectal Diazepam (DIASTAT® AcuDial™) Administration.**)
11. Chart seizure activity and administration of medication on appropriate logs.
12. After administering rectal Diazepam, call 911 and call parent/guardian immediately. School Nurse/trained volunteer will be responsible for post Diastat monitoring until EMS arrives.

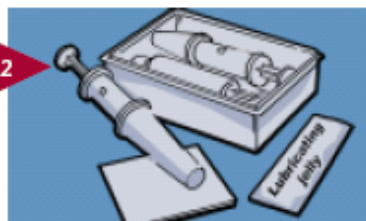
Additional Procedures for Rectal Diazepam:

1. The volunteer trained to administer Rectal Diazepam must have current certification in CPR.
2. Rectal Diazepam medication should be stored in a secure and readily accessible place at school. Ideally a separate dose of the medication can be kept at the school at all times to avoid the possibility of leaving the medication at home when the device is transported back and forth each day. If this is not possible, other plans for storage and transport of medication will be outlined in the child's IHP.
3. Rectal Diazepam orders must include the following information:
 - Duration and type of seizure activity before Rectal Diazepam is administered. Volunteer must be trained by Registered Nurse on exact conditions when to treat with Rectal Diazepam per health care provider's order.
 - Any contraindications to the Rectal Diazepam (e.g., fever, respiratory infections, etc.).
 - Exact dose of the drug.
4. Notebook containing instructions and health care provider's orders for Rectal Diazepam administration will be in a predetermined location at the school along with blanket for privacy, exam gloves, safety pin and Index card, or other suitable way to communicate with EMS/parent; write on card time of seizure onset, time of Rectal Diazepam administration and dosage of Rectal Diazepam given.
5. School Nurse, or volunteer in lieu of nurse, must verify the dosage received matches the healthcare provider's order and document this on the Medication Log.
6. Make sure the correct dose appears through the dose display window. This is a visual indication that the barrel of the DIASTAT® AcuDial™ is in the correct position for the desired dose.
 - a. Ensure that the locking ring is engaged.
 - b. The green "READY" band will be revealed at the base of the DIASTAT® AcuDial™. This allows you to see that the unit has been locked.
 - c. Repeat these steps for each DIASTAT® AcuDial™ dose administered.
7. **Always call 911. Attach a label to child's clothing with safety pin which clearly states:**
 - Time of seizure onset
Time seizure ended
 - Time rectal Diazepam dosage given
 - Who administered rectal Diazepam
8. Complete Medication Log.
9. Notify school nurse and parent/guardian.

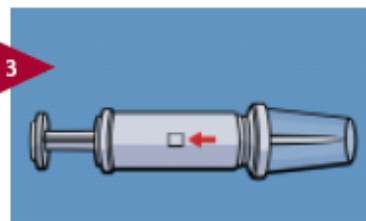
CHILD ADMINISTRATION INSTRUCTIONS



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.

SLOWLY...

COUNT OUT LOUD TO THREE...1...2...3



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.

ONCE DIASTAT® IS GIVEN



13

Keep person on the side facing you, note time given, and continue to observe.

DIASTAT® Indication

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

Important Safety Information

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

D955-0308

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: _____ Doctor's number: _____
(Please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT® given: _____ Dose: _____

Diastat
(diazepam rectal gel)

Diastat AcuDial™
(diazepam rectal gel)

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

IMPORTANT

Read first before using

To the caregiver using DIASTAT®:

Please do not give DIASTAT® until:

1. You have thoroughly read these instructions
2. Reviewed administration steps with the doctor
3. Understand the directions

To the caregiver using Diastat® AcuDial™:

Please do not give DIASTAT® AcuDial™ until:

1. You have confirmed:
 - Prescribed dose is visible and if known, is correct
 - Green "ready" band is visible



2. You have thoroughly read these instructions
3. Reviewed administration steps with the doctor
4. Understand the directions

Please do not administer DIASTAT® until you feel comfortable with how to use DIASTAT®. The doctor will tell you exactly when to use DIASTAT®. When you use DIASTAT® correctly and safely you will help bring seizures under control. Be sure to discuss every aspect of your role with the doctor. If you are not comfortable, then discuss your role with the doctor again.

To help the person with seizures:

- ✓ You must be able to tell the difference between cluster and ordinary seizures.
- ✓ You must be comfortable and satisfied that you are able to give DIASTAT®.
- ✓ You need to agree with the doctor on the exact conditions when to treat with DIASTAT®.
- ✓ You must know how and for how long you should check the person after giving DIASTAT®.

To know what responses to expect:

- ✓ You need to know how soon seizures should stop or decrease in frequency after giving DIASTAT®.
- ✓ You need to know what you should do if the seizures do not stop or there is a change in the person's breathing, behavior, or condition that alarms you.

If you have any questions or feel unsure about using the treatment, **CALL THE DOCTOR** before using DIASTAT®.

Where can I find more information and support?

For information on DIASTAT® and DIASTAT® AcuDial™:

Call 1-877-361-2719 or visit www.diastat.com

Additional resource:

Epilepsy Foundation (EF). You can reach EF by calling 1-800-EFA-1000 or www.efa.org.



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When to treat. Based on the doctor's directions or prescription

Special considerations

DIASTAT® should be used with caution:

- In people with respiratory (breathing) difficulties (eg, asthma or pneumonia)
 - In the elderly
 - In women of child bearing potential, pregnancy, and nursing mothers
- Discuss beforehand with the doctor any additional steps you may need to take if there is leakage of DIASTAT® or a bowel movement.

Patient's DIASTAT® dosage is: _____mg

Patient's resting breathing rate _____ Patient's current weight _____

Confirm current weight is still the same as when DIASTAT® was prescribed _____

Check expiration date and always remove cap before using. Be sure seal pin is removed with the cap.

TREATMENT 1

Important things to tell the doctor

Date	Seizures before DIASTAT®			Seizures after DIASTAT®		
	Time	Seizure type	No. of seizures	Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:

- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

TREATMENT 2

Important things to tell the doctor

Date	Seizures before DIASTAT®			Seizures after DIASTAT®		
	Time	Seizure type	No. of seizures	Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:

- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

DISPOSAL INSTRUCTIONS FOR DIASTAT® AcuDial™

14a

Plunger

- Pull on plunger until it is completely removed from the syringe body
- Point tip over sink or toilet

Tip

DISPOSAL FOR DIASTAT® 2.5 MG

At the completion of step 14a:

- Discard all used materials in the garbage can
- Do not reuse
- Discard in a safe place, away from children

- Replace plunger into syringe body, gently pushing plunger until it stops
- Flush toilet or rinse sink with water until gel is no longer visible

SINK OR TOILET

At the completion of step 14b:

- Discard all used materials in the garbage can
- Do not reuse
- Discard in a safe place, away from children

Adult administration instructions available for download at diastat.com

Diastat® Acudial™

Generic name: diazepam (di-AZ-e-pam) rectal gel

Manufacturer: Valeant Pharmaceuticals

Uses: A gel preparation of diazepam for rectal administration in the treatment of cluster seizures or prolonged seizures in the patient who has refractory epilepsy.

How it works: Diastat works to stop seizure activity by acting on brain cell interactions that inhibit the seizure discharges. Diastat is rapidly absorbed from the lining of the rectum and quickly achieves therapeutic levels in the serum. It can be used in children and adults.

Forms of the medicine: Syringes that are already prepared with the appropriate dose, with a rectal tip that is either pediatric or universal in size. One box contains two doses (2 syringes), lubricating jelly and patient/caregiver information.

Dosing: The dose will be prescribed by the treating health care provider, based on age and weight of the patient. When to give during a seizure should be discussed and decided with the treating physician. A second dose may be given within 4-12 hours after the first dose if seizures persist or return. Diastat® should not be given more frequently than every five days and no more than five times per month. The dosage may need to be readjusted when there are changes in weight or growth.

Duration: Diastat® is not intended to be used as a daily medication. Tolerance to the medication can develop when used chronically. Increases in frequency and severity of tonic-clonic seizures may occur with daily use. If Diastat® is used frequently, abrupt cessation may result in an increase in seizures.

Side Effects: The most common side effects are those of drowsiness, headache, dizziness, diarrhea, flushing, unsteady gait, agitation, and confusion. Patients who have received Diastat should not operate heavy machinery for several hours afterwards. Diastat® is a drug that can result in drug dependence if used frequently and for a long time.

Information for pregnant women and nursing mothers: Women of child bearing potential and pregnant women should be told about potential effects on the fetus. Diastat® can cross the placenta and levels have been found in cord blood. Diastat® levels have also been found in breast milk for some time after administration. It is recommended that mothers refrain from breast feeding for several hours after receiving Diastat®.

Drug Interactions: There are some drugs that may enhance the effects of the Diastat®; these drugs include phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Valproate may also enhance the depressant effect of the Diastat®. There are some potential drug-drug interactions that might take place as Diastat® metabolism shares common pathways with other drugs. If symptoms develop that are unusual for the patient, these should be reported to the treating physician.

Care during treatment with Diastat®: You should give the Diastat® as prescribed and no more frequently than recommended by your treating physician. If the prescribed dose is

not working or there are unacceptable side effects you should discuss this with your physician. If you or the patient has grown or become pregnant, you should also tell your physician.

Possible contraindications to the use of Diastat®: History of prior adverse effect from diazepam or Diastat®. It should be used with caution in patients with chronic respiratory depression, chronic hepatic or renal disease.

Not everyone experiences side effects. There may be other side effects not appearing above. For a complete list, consult your doctor, nurse, or pharmacist. More detailed sources of information on side effects include the drug's prescribing information sheet, the Physician's Desk Reference, or pharmaceutical company which produces the drug.

Child Information

Name of Child: _____ Date of Birth: _____
 Age: _____ Grade: _____ Home Rm. Teacher/Instructor: _____
 Physical Education Days and Times: _____

Emergency Information

Parent(s) or Guardian(s) Names: _____
 Mother's Telephone (H): _____ (W): _____ Pager/Cell: _____
 Father's Telephone (H): _____ (W): _____ Pager/Cell: _____
 Neurologist: _____ Telephone: _____
 Primary Care Physician: _____ Telephone: _____

Preferred Local Emergency Department:

In the event a parent/guardian cannot be reached:

1. _____ Relation: _____ Telephone: _____
2. _____ Relation: _____ Telephone: _____

Medical alert bracelet or necklace: Yes _____ No _____

Triggers that may bring on a seizure: _____

Signs and symptoms: (Please check the symptom(s) that occur in your child.)

<input type="checkbox"/> 1. Aura (symptoms before seizure: _____) <input type="checkbox"/> 2. Generalized convulsions involving entire body <input type="checkbox"/> 3. Pallor or skin discoloration <input type="checkbox"/> 4. Labored (noisy) breathing <input type="checkbox"/> 5. Dilation of pupils	<input type="checkbox"/> 6. Loss of consciousness: may fall to ground <input type="checkbox"/> 7. Involuntary loss of urine or feces <input type="checkbox"/> 8. Staring/blank gaze/day dreaming <input type="checkbox"/> 9. Other: _____ _____ _____
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Is your child aware of impending seizure activity? Yes _____ No _____

My child has the following other chronic illnesses/disabilities: _____

Allergies: _____

Child's Limitations or Special Considerations: _____

ALL CURRENT MEDICATIONS

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day

I understand that it is my responsibility to keep this information current. Please notify School Nurse of changes and provide an updated/current form on at least an annual basis.

Parent's/Guardian's Signature: _____ Date: _____

SAMPLE
School Health Program
Safety Plan: Seizure Disorders

Page 2 of 2
Page 2 to be completed by
School Nurse
Please Print

EMERGENCY PLAN FOR A SEIZURE

DURING SEIZURE ACTIVITY

1. STAY WITH THE CHILD

2.
 - a. If falling or generalized jerking occurs, place child on floor.
 - b. Gently support head to side position and monitor breathing and pulse.
 - c. **DO NOT** restrain child. **DO NOT** try and place anything in child's mouth or between child's teeth.
 - d. Protect child by moving items away that may cause injury – e.g., desks, chairs.
 - e. Loosen clothing at neck and waist; remove eyeglasses (if applicable).

3. Have another classroom adult remove/direct students from the area.

4. Use watch. **TIME THE SEIZURE.** Observe pattern of the seizure and be prepared to describe it.

5. CALL 9-1-1 IF CHILD EXHIBITS:

- a. Absence of breathing and/or pulse (Start CPR for absence of breathing and pulse).
- b. Seizure of **5** minutes or greater duration.
- c. Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater.
- d. No previous history of seizure activity.
- e. Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.
- f. After Diastat is administered.

Preferred Local Emergency Department _____

AFTER SEIZURE ACTIVITY, if Diastat NOT administered

1. Reorient and reassure child.

- a. Allow/assist change into clean clothing if necessary.
- b. Allow child to sleep, as desired, after seizure.
- c. Allow child to eat, as desired, once fully alert and oriented.

2. A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.

3. Inform parent immediately of seizure by telephone if:

- a. Seizure is different from usual type/frequency/has not occurred at school in past month.
- b. Seizure meets criteria for 911 emergency call.
- c. Child has not returned to "normal self" after 30/60 minutes.

It is the parent's responsibility to determine follow-up care for symptoms.

Individual considerations: _____

This child also has the following chronic illnesses/disabilities: _____

School Nurse: _____ Phone: _____ Date: _____

Competency Checklist for Annual Training Documentation

Mark all components of training as proficient or unmet

I. Pre and Post Test _____

What you need to know about Seizures and Epilepsy

- The Brain and Epilepsy _____
- Types of Seizures _____
- Epilepsy Syndromes _____
- Causes of Epilepsy _____
- Possible Causes of Seizures _____
- Genetic Factors _____
- Seizure Triggers _____
- Video Presentation of a “real” grand mal or tonic clonic seizure
<http://www.epilepsyfoundation.org/living/backtoschool/FirstAid-GenTonClonic.cfm> _____
- When to call 911 _____
- Review First Aid for Seizures _____
- Emergency Plan for Seizure _____
- Review of the student’s Individual Health Care Plan _____
- Review of After Seizure Phase _____
- Monitoring in the After Seizure Phase _____

Medication

- Orientation and recognition of all related paperwork and forms _____
- Review and safeguards and steps in the safe administration of medication. _____
- Practice the 5 “R”s of medication administration _____
- Identify student specific seizure and medication in the IHP to determine when to administer anti-seizure emergency medication. _____
- Discuss the dosage prescribed by the physician _____
- How to check the syringe to insure the proper dose is locked in _____
- Action of the medication and the desired effect _____
- Duration of the medication _____
- Potential Medication side effects _____
- Medication Administration Record Sheet to record administration of medication. (Recommend LEAs utilize their existing form) _____

Diazepam Rectal Gel Specific Product Information

- Manufacturer information on Diastat (DIAZEPAM) (DIASSTAT® or DIASSTAT® AcuDial™) before Diastat Rectal Gel is administered in the school setting _____
- Possible contraindications to the use of Diastat® _____
- Review the duration and type of seizure activity before Rectal Diastat (Diazepam) is administered. _____
- Staff must be in-serviced by Nurse on exact conditions when to treat with Diastat (Diazepam) _____
- Care during treatment with Diastat (Diazepam) _____
- Drug Interactions _____
- How it works _____

- Forms of the medicine _____
- Dosing _____
- Duration of action _____
- Potential side effects _____

List of recommended supplies and equipment in the vicinity of the medication:
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- Medication if deemed appropriate
- Blanket or towel to provide privacy during administration of medication
- Suggest jacket, backpack or other to protect head from injury
- Notebook containing a current copy of the student’s IHP including instructions for the administration of anti-seizure emergency medication including the health care provider's orders naming the medication, the exact dose and when to administer.
- Safety pin and index card, or other suitable way to communicate with EMS/parent indicating the
 - Time of seizure onset
 - Time of medication administration
 - Dose of medication administered
 - Student response to medication prior to EMS arrival
- Post seizure action plan

Note: If special circumstance exists this is written in the student’s IHP, in the seizure protocol for the student; child with private duty nurse – protocol will mirror these guidelines, disposition of the student in this case is determined by existing LEA policy/procedure.

Name	Title	Location
<i>Volunteer</i>		
1.Print name		
2.Signature		
<i>Witness</i>		
1.Print name		
2.Signature		

The above training is complete and _____
 is considered competent to carry out the administration of anti-seizure emergency medication including Diastat (Diazepam Rectal Gel).

Signature of Professional Registered Nurse Trainer:

_____ **Date** _____

**Sample
Pre Test**

1. Epilepsy is a chronic medical condition that can be successfully treated in childhood and throughout adulthood. True False
2. The brain is the source of human epilepsy. True False
3. A seizure is an electrical disturbance in the brain. True False
4. The part of the brain affected by an electrical disturbance will determine what part of the body is affected during a seizure. True False
5. The experts have divided seizures into four (4) categories. True False
6. Seizures always affect the whole body. True False
7. Once a person has a seizure, the seizure activity is always the same. True False
8. People with epilepsy always know when they are going to have a seizure. True False
9. Some things in the environment can cause a person to have a seizure. True False
10. A seizure will only last a minute or two and then stop. True False
11. Epilepsy is always hereditary. True False
12. There are other syndromes and conditions that can mimic seizures. True False
13. Anti-seizure medications can cure epilepsy. True False
14. Anti-seizure emergency medication is the same as the other medications students take in school. True False
15. Anti-seizure emergency medication administration does not require special paperwork or special training. True False
16. All persons assisting students with medication administration are required to provide proof of current CPR training. True False
17. Parents must report the administration of anti-seizure emergency medication at home to the school in writing by the next school day the student attends. True False
18. It is acceptable to administer a medication that is out of date. True False
19. It is not necessary to call 911 if emergency seizure medication is administered. True False

20. A parent can train anyone in the school setting to administer anti-seizure emergency medication. **True False**
21. Anti-seizure emergency medication cannot be administered if there is no witness available. **True False**
22. Once anti-seizure emergency medication is administered, the student can be left alone. **True False**
23. There are no complications associated with administering anti-seizure emergency medication. **True False**
24. No special precautions are needed before administering anti-seizure emergency medication. **True False**
25. The annual school nurse-developed health care plan will outline all student specific seizure and medication administration information. **True False**

**Sample
Post Test**

1. Epilepsy is a chronic medical condition that can be successfully treated in childhood and throughout adulthood. True False
2. The brain is the source of human epilepsy. True False
3. A seizure is an electrical disturbance in the brain. True False
4. The part of the brain affected by an electrical disturbance will determine what part of the body is affected during a seizure. True False
5. The experts have divided seizures into four (4) categories. True False
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References

- 1 Epilepsy Foundation Web site (<http://www.epilepsyfoundation.org/about/faq/index.cfm>)
- 2 Epilepsy Foundation Web site <http://www.epilepsyfoundation.org/about/statistics.cfm>
- 3 Epilepsy Foundation Web site (<http://www.epilepsyfoundation.org/answerplace/Medical/treatment/medications/typesmedicine/diastat.cfm>)
4. Children's Hospital of Orange County website. <http://www.choc.com/neuroscience/index.cfm>
5. Manufacturer's website: www.diastat.com