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| **Diazepam**  *Diazepam is an emergency medication used to treat occasional increased seizures in people with epilepsy.* | Training Record  **RN Initial & Date** |
| 1. States purpose of procedure and location of student’s medication in the school. Medication dosage should be verified by delegated personnel, locked and secured at room temperature. |  |
| 1. Identifies supplies – individual health plan, seizure observation record, medication administration kit with gloves and lubricant. |  |
| 1. Procedure: |  |
| 1. At onset of seizure, do not leave the student, document time seizure started on the seizure observation record. |
| 1. Position student on his/her side on the floor and observe skin color and breathing effort. |
| 1. Instruct another adult to bring the supplies to student’s area and remain in the room to assist and witness the medication administration. |
| 1. At the appropriate time to give medication as indicated in the seizure action plan; |
| 1. Remove clothing if needed to expose rectum. Cover with blanket for privacy if needed |
| 1. Remove protective cover on Diazepam syringe |
| 1. Lubricate rectal tip with lubricating jelly. |
| 1. Bend student’s upper leg forward to expose rectum. Separate buttocks to expose rectal opening. |
| 1. Gently insert syringe tip into the rectum. Note: Rim should be snug against the rectum. |
| 1. Slowly count to 3 while gently pushing plunger in until it stops. |
| 1. Slowly count to 3 before removing syringe from rectum. |
| 1. Slowly count to 3 while holding buttocks together to prevent leakage. |
| 1. Once medication is given, keep student on side, note time medication given and when seizure stopped on the seizure observation record. Continue to observe. |
| 1. Call EMS (911) as indicated in Seizure Action Plan and provide them with a copy of the plan. |
| 1. Notify parents, nurse consultant and other appropriate personnel as directed in the seizure action plan. |
| Describes emergency response to seizure and demonstrates correct performance of simulated Diazepam administration. |  |

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| **Delegation Authorization**  I have read the physician orders and individualized health plan, been trained and am competent in the described procedures for the listed student. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers. |
| Delegatee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registered Nurse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |