Diastat®, rectal diazepam, is FDA approved for out-of-hospital treatment of prolonged seizures or cluster seizures (acute repetitive seizures). Diastat® is meant for prolonged convulsive seizures and seizures in which awareness is lost. In accordance the Louisiana State Law on Medication Administration and regulations of the Louisiana State Board Nursing, Diastat® can be administered as a rescue drug in such seizure emergencies. The school RN, or unlicensed assistive personnel trained and supervised by the school RN, will administer Diastat® according to the Physician’s Order for Administration of Diastat® in School, providing that Diastat® was previously given within the preceding 12 months.

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

Thank you for your assistance. 

____________________________, School RN

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### Physician’s Order for Administration of Diastat® in School

<table>
<thead>
<tr>
<th>Description of the seizure for which Diastat® is ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please provide a student -specific description that will permit identification of the seizure.)</td>
</tr>
<tr>
<td>1. The student has a warning before the seizure ☐ No ☐ Yes (please specify) __________________________</td>
</tr>
<tr>
<td>2. This student’s seizure begins with</td>
</tr>
<tr>
<td>☑ unresponsive staring</td>
</tr>
<tr>
<td>☐ deviation of head or eyes to ☐ left ☐ right</td>
</tr>
<tr>
<td>☐ stiffening or twitching on ☐ left ☐ right ☐ both sides at the same time?</td>
</tr>
<tr>
<td>3. This student’s seizure progresses with</td>
</tr>
<tr>
<td>☑ spread of stiffening and/or jerking to ☐ left ☐ right ☐ both sides of the body</td>
</tr>
<tr>
<td>☑ persisting unresponsiveness without convulsive movements</td>
</tr>
<tr>
<td>☐ other __________________________</td>
</tr>
</tbody>
</table>

### Dosing and time of administration of Diastat®

Administer (rectally) _______mg of Diastat® after seizure of _______minutes duration, or if _______seizures occur within _________________________ (indicate period of time).

### Dosing of Diastat®

Dosing will follow the most current FDA- approved labeling. Please refer to the most current FDA approved label for the dosing chart.

In accordance with labeling, Diastat® can be administered only once every five days or 5 times within one month.

### Notification

I wish to be notified if the student is brought by ambulance to the hospital ☐ No ☐ Yes

I wish to be notified if Diastat® is administered ☐ No ☐ Yes

### Concomitant medications:

(Empty) (helpful in case student is brought to hospital) __________________________

### Medication on the Bus

Is medication required on the bus? ☐ Yes ☐ No

### Other Comments:

___________________________

Physician’s name (printed)

Address ______________________________

Physician’s signature __________________________ Office phone ______________________________

State license number __________________________ Office FAX ______________________________

Date __________________________ Emergency phone ______________________________

JPPSS – HSD revised 6/13