

**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

SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM (Record all details of seizures e.g. goes stiff, falls, 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)

i)
.....
.....

USUAL DURATION OF SEIZURE?

ii)
.....

USUAL DURATION OF SEIZURE?

OTHER USEFUL INFORMATION
.....
.....

DIAZEPAM TREATMENT PLAN

1. WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED? (Note here should include whether it is after a certain length of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM IS GIVEN INITIALLY? (Note recommended number of milligrams for this person)

3. WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM?

4. IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM
E.G. CONSTIPATION/DIARRHOEA, 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 readministration 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 THE PERSON'S USUAL DOCTOR BE CONSULTED?

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

IF THE FULL PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SEIZURE

☐

OTHER (please give details)

☐

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

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.....
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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 lastminutes

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

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING

PRESCRIBING

DOCTOR

(BLOCK CAPITALS)

Signature

Date:

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:

NAME (BLOCK
CAPITALS)

Signature

Date:

CLIENT/PARENT/GUARDIAN

(BLOCK

CAPITALS)

Signature

Date:

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

(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

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COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES BY

Local sources of Information and support are available from the JEC General Secretary

Care Plan funded by Epilepsy Action.

Epilepsy Action Helpline

0800 800 5050

RECORD OF 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					
PARENT/GUARDIAN INFORMED					
PRESCRIBING DOCTOR INFORMED					
OTHER INFORMATION					
WITNESS					
REORDER OF RECTAL DIAZEPAM					
NAME OF PERSON REORDERING					
DATE					