



SEIZURE PROTOCOL
WITH DIASTAT

Student's Name / School / Grade

The following procedure will be followed when a child experiences seizure activity in school and may require Diastat®.

1. Child should never be left alone.

*Send someone to get another adult and the DIASTAT® KIT.

*Contact parent immediately. If unable to reach parent, notify emergency contact person:

Parent's home number: _____

Parent's work number : _____

Emergency contact: _____

Name / Phone

2. Loosen all restrictive clothing around neck and waist.

*Turn on side, to administer Diastat® and to prevent choking on saliva.

*Do not insert anything in child's mouth.

*Place soft object under head.

3. Observe and record the seizure.

*Time seizure started, length of seizure and when it stopped.

*Any movements of body parts, separate or all extremities involved -
(any jerking or continuous movement).

*Any incontinence of stool or urine.

4. Administer Diastat® if seizure lasts longer than _____ minutes or according to physicians orders.

* Document the time Diastat® given.

5. Call ambulance 911 if Diastat® given.

6. Allow child to rest after seizure occurs. Observe closely for breathing and color changes until emergency personnel arrive

Parent's Signature / Date

School Administrator's Signature / Date

By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.

MHD Reviewed: 3-14