

Student Name:	School year:
Birthdate:	Grade/Teacher
Parent/Guardian	Phone#
Emergency Contact 1	Phone#
Emergency Contact 2	Phone#
Physician Name	Phone#

SEIZURE INFORMATION When was your child diagnosed with seizures or epilepsy? _____
Seizure Type Length Frequency Description

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: _____

Student's response after seizure: _____

BASIC FIRST AID: CARE & COMFORT Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? YES NO
 If YES, describe process for returning student to classroom _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol:
(Check all that apply and clarify below)

- Contact School Nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify Doctor
- Administer emergency medication as indicated below
- Other _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication

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Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO
 If YES, Describe magnet use _____

➔ **Physician Signature:** _____ **Date:** _____

- I hereby give permission to MTSD's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's physician with any concerns regarding medication administration. I agree to hold the Mequon-Thiensville School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I allow the named physician (office) to send by electronic transmission this form to the Mequon-Thiensville School District for the purpose of continuing health care at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

➔ **Parent Signature:** _____ **Date:** _____

➔ **District Nurse Signature:** _____ **Date:** _____

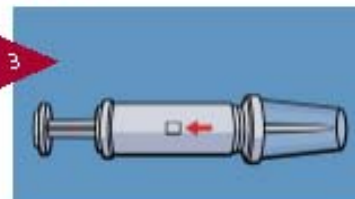
CHILD ADMINISTRATION INSTRUCTIONS



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 up per 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 DIA STAT® IS GIVEN



13

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

DIA STAT® Indication

DIA STAT® AcuDiaTM (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 DIA STAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%-5%).

D055-0908

CALL 911

DiaStat
(diazepam rectal gel)

DiaStat AcuDiaTM
(diazepam rectal gel)