



AUBURN UNION SCHOOL DISTRICT
255 EPPERLE LANE
AUBURN, CA 95603
PHONE 530.885.7242 FAX 885.5170

AUTHORIZATION FOR THE ADMINISTRATION OF DIASTAT IN THE SCHOOL SETTING

Dear Parent/Guardian,

In order for a specialized health care procedure to be administered at school, Part I (Parent section) and Part II (Physician section) of this form must be completed and returned to the district nurse. This form will need to be completed on an annual basis to ensure that the most current procedure/treatment prescribed is being administered at school. This procedure may be performed by school personnel trained and supervised by a Credentialed School Nurse. If you have any questions, please contact Jenny Serrano, District Nurse (jserrano@auburn.k12.ca.us)

Student Name:		Date of Birth:
School:	Grade:	School Year:

PART I: To be completed by parent/guardian

PARENT CONSENT AND AUTHORIZATION	
<p>NOTE: The procedure for administering emergency anti-seizure medication (Diastat) should be performed by a licensed nurse. As per California state law SB 161, in the absence of a credentialed school nurse or other licensed nurse, volunteer non-medical school personnel have been trained to administer Diastat. If nonmedical school personnel administer Diastat, 911 will be called to assess and determine further action.</p> <p>Do you request that in the absence of a school nurse or licensed nurse, trained voluntary non-medical personnel administer Diastat at school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>I (we), the undersigned, the parent(s)/guardian of the above named student, request my (our) student be assisted with or administered the following medication in accordance with the California Education Code 49423.5 and Board Policy/Administrative Regulation. I agree to:</p> <ol style="list-style-type: none"> 1. Provide all medications, supplies and equipment. 2. Notify the school if there is a change in the student's health status or attending physician. 3. Notify the school immediately and provide a new consent for any changes in the doctor's orders. 4. BE RESPONSIBLE FOR NOTIFYING THE SCHOOL THAT PUPIL HAS BEEN ADMINISTERED DIASTAT AT HOME It is recommended that Diastat should not be given for more than 1 episode in a 5 day period OR more than 5 episodes in a 30 day period--therefore parents are responsible for notifying the school if Diastat has been given at home a dose at school would exceed the manufacturer recommendations. <p>I (we) understand that if an emergency occurs during school transportation, 911 will be called and Diastat be given. I authorize the District Nurse to communicate with the Authorized Health Care Provider when necessary in regards to this specific medication and medical condition. I will be provided with a copy of my child's completed care plan.</p> <p>I (we) have read and agree with the information provided above. I understand and give my consent for this information to be shared with the student's school, transportation, and emergency personnel as deemed necessary to provide quality of care. This consent is valid for one school year and may be revoked at any time.</p>	
Parent/Guardian Signature:	Date:
Parent/Guardian Name:	



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AUTHORIZATION FOR THE ADMINISTRATION OF DIASTAT IN THE SCHOOL SETTING (CONTINUED)

PART II: To be completed by primary healthcare provider

SEIZURE INFORMATION
Seizure Type:
Frequency of Seizures:
Seizure Triggers:
Description of Seizures:

DIASTAT ORDERS
DIASTAT AcuDial (diazepam rectal gel)-check all that apply <input type="checkbox"/> _____mg, rectal as needed for seizure lasting greater than _____minutes <input type="checkbox"/> for clusters such as _____ or more seizures in _____ minutes/hours <input type="checkbox"/> Other:
If the child has breathing difficulties (i.e. known asthma), a respiratory infection or fever, should DIASTAT be given?
Possible adverse effects and action to be taken:
Additional Treatment Information:

HEALTH CARE PROVIDER AUTHORIZATION FOR ADMINISTRATION OF DIASTAT BY SCHOOL PERSONNEL	
Please check the appropriate box: <input type="checkbox"/> I have reviewed and approved the attached AUSD protocol as written and I understand the service may be performed by trained non-medical school personnel. <input type="checkbox"/> I have reviewed and approved the attached AUSD protocol with the attached modifications and I understand the service may be performed by trained non-medical school personnel. <input type="checkbox"/> I do not approve AUSD's protocol and, therefore, have attached my alternative written recommendations.	
My signature below provides the authorization for the above written orders. I understand that assistance with medications will be implemented in accordance with California state laws and regulations. I understand that specialized physical health care services and medication assistance may be performed by unlicensed, designated school personnel after the training by the school nurse. If changes are indicated, I will provide new written authorization (may be faxed). Medication is authorized through July 31 of each school year unless otherwise indicated.	
Physician Signature:	Date:
Physician Name:	
Address:	Phone:

Principal Signature: _____

Date: _____

District Nurse Signature: _____

Date: _____



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PROCEDURE FOR THE ADMINISTRATION OF DIASTAT IN THE SCHOOL SETTING

This procedure form is to be attached to all *Authorization for the Administration of Diastat in the School Setting* order forms for physician review

PROCEDURE FOR ADMINISTERING DIASTAT/DIAZEPAM RECTAL GEL

One staff member will remain with student; begin to remove pants and keep covered as appropriate

Additional staff member will retrieve Diastat and supplies needed

Additional staff member will call 9-1-1

Attending staff member will:

- Verify dose of the medication against physician order
- Verify that the medication has not exceeded the expiration date
- Check plastic top is intact and not cracked

After confirming these items, attending staff member will:

- Position student on his/her side facing you, with top leg bent forward at knee to expose rectum
- Do not leave student alone, always maintain privacy and dignity
- Push with thumb to remove protective cover from syringe
- Lubricate rectal tip with lubricating jelly
- Separate buttocks to expose rectum
- Gently insert tip into rectum
- Slowly count 1....2....3....while gently pushing plunger until it stops
- Slowly count 1...2...3...before removing syringe from rectum
- Slowly count 1....2....3...while holding buttocks together to prevent leakage.
- Keep student on his/her side facing you, note time given and continue to observe
- Remain with student during and after seizure. Monitor carefully for respiratory depression (changes or slowing of breathing patterns) after giving Diastat.
- Have EMS assess the student and transport to nearest hospital

Observe and document the following on the Seizure Log

- Circumstances leading up to seizure and note the symptoms during the seizure, including time and length of seizure
- Student response to Diastat
- Skin color before and during seizure
- Breathing status