

# WILSON CREEK SCHOOL DISTRICT

## Licensed Health Care Provider (HCP) Authorization for Administration of Rectal Anti-convulsant at School

(Note: orders for Medication can only be accepted from a M.D., D.O., A.R.N.P., or P.A.)

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Rectal-anticonvulsants (e.g. Diastat, rectal diazepam) are FDA approved medications for out-of-hospital treatment of prolonged seizures or cluster seizures (acute repetitive seizures). In accordance with WA State Law on Medication Administration, Rectal Anti-convulsants may be administered as a rescue drug in seizure emergencies by a licensed nurse (R.N. or L.P.N.). It is strongly recommended that the 1<sup>st</sup> administration of a Rectal-anticonvulsant not occur at school, as this will allow school staff to confidently identify the student's seizure and anticipate the student's response to the Rectal-anticonvulsant.

It is also advised that only students with a significant risk of seizure emergencies, that is students who have received a Rectal-anticonvulsant within the past 12 months, receive this medication in school settings.

Our policy is to call 911 on all students who receive a Rectal-anticonvulsant due to safety issues.

1. Has this student ever received a Rectal-anticonvulsant? (yes / no) Last date given (must be within the past 12 months): \_\_\_\_\_

2. Dosing and time of administration of Rectal-anticonvulsant:

In accordance with labeling, a Rectal-anticonvulsant can be administered only once every five days or 5 times within one month, unless otherwise specifically indicated by the prescribing health care provider.

### Generalized Convulsive Seizures

Administer by rectum \_\_\_\_\_ mg of \_\_\_\_\_ (medication) after seizure of \_\_\_\_\_ minutes duration.

### Partial Seizure: consciousness is not impaired, tremors

Administer by rectum \_\_\_\_\_ mg of \_\_\_\_\_ (medication) after seizure of \_\_\_\_\_ minutes duration.

### Absence Seizure: staring

Administer by rectum \_\_\_\_\_ mg of \_\_\_\_\_ (medication) after seizure of \_\_\_\_\_ minutes duration.

3. Adverse reactions to watch for after the administration of Rectal-anticonvulsant? \_\_\_\_\_

4. What action should be taken if the student has a bowel movement or expels the medication \_\_\_\_\_

5. Do you have any additional orders for Paramedics when they arrive? \_\_\_\_\_

6. Family members authorized to administer Diastat: A: \_\_\_\_\_ B: \_\_\_\_\_

7. What other medications/dosage/administration schedule does the student normally take?

Medication	Dosage	Time administered

8. Do you wish to be notified if the student is brought by ambulance to the hospital? (Yes / No)

Do you wish to be notified if a Rectal-anticonvulsant Diastat is administered? (Yes / No)

HCP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HCP's Name(printed): \_\_\_\_\_

HCP's Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### Parent/Guardian Permission

The rectal anti-convulsant medication is to be furnished by me in the original container, labeled by the pharmacy, with the name of the medicine, the dose, and time to be taken. The HCP's name is to be on the label. I understand that my signature indicates my understanding that reasonable care will be exercised in administration of the medication. The school accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the HCP's directions. If the medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The district endeavors to maintain consistent & safe medication storage temperature while medication is at school; this however cannot be guaranteed. The district cannot provide replacement of medication due to power failures or acts of nature.

***This authorization is good for the current school year only***