**JOINT EPILEPSY COUNCIL**

**GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSION 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)

<table>
<thead>
<tr>
<th>NAME OF CHILD/ADULT</th>
<th>Mr Homer Simpson</th>
<th>AGE:</th>
<th>D.O.B 11/06/1967</th>
</tr>
</thead>
</table>

**SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM**

(record all details of seizures eg 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) Tonic Clonic seizures involving stiffening, fall, then jerking rhythmically throughout whole body. Hypersalivation is usually evident.

**USUAL DURATION OF SEIZURE?**

2 to 3 minutes

**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)

   For a tonic/clonic seizure lasting 5 minutes or 2 tonic/clonic seizures without recovery in between

2. **INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM GIVEN INITIALLY**

   10mg Diazepam.

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

   Seizure stops within 5 minutes, sedation for a few hours.
4. IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM EG CONSTIPATION/DIARRHOEA, WHAT ACTION SHOULD BE TAKEN?

Dial 999 ask for ambulance.

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 re-administration takes place)

If 5 minutes after initial dose Homer is still in seizure, call an ambulance.

HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE? (State number of millilitres to be given and how many times this can be done and after how long?)

6. WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED?

Routinely within next working day.

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)

If serious injury results or there are concerns about breathing.

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

9. WHO/WHERE NEEDS TO BE INFORMED?

PRESCRIBING DOCTOR

a) Dr Donald Duck  Tel no: 01234 567 890

PARENT/GUARDIAN

b) Tel no:

OTHER

c) Tel no:
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 last …….. minutes.

ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED MUST BE RECORDED (SEE OVERLEAF)

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

PRESCRIBING DOCTOR  Dr Donald Duck
(BLOCK CAPITALS)
Signature  Dr Donald Duck  DATE: xx/xx/xxxx

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  xx/xx/xxxx

……………………………………… ………………………………………

……………………………………… ………………………………………

COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES BY ………………………………

Local sources of information and support are available from the JEC General Secretary Sharon Harvey
PO Box 186
Leeds LS20 8NH
Telephone: 01943 871852
# RECORD OF USE OF RECTAL DIAZEPAM

<table>
<thead>
<tr>
<th>DATE</th>
<th>RECORDED BY</th>
<th>TYPE OF SEIZURE</th>
<th>LENGTH AND/OR NUMBER OF SEIZURES</th>
<th>INITIAL DOSAGE</th>
<th>OUTCOME</th>
<th>SECOND DOSAGE (IF ANY)</th>
<th>OUTCOME</th>
<th>OBSERVATIONS</th>
<th>PARENT/GUARDIAN INFORMED</th>
<th>PRESCRIBING DOCTOR INFORMED</th>
<th>OTHER INFORMATION</th>
<th>WITNESS</th>
<th>RE-ORDER OF RECTAL DIAZEPAM</th>
<th>NAME OF PERSON RE-ORDERING</th>
<th>DATE</th>
</tr>
</thead>
</table>