

Seizure Action Plan

Effective Date _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name _____ Date of Birth _____

Parent/Guardian _____ Phone _____ Cell _____

Other Emergency Contact _____ Phone _____ Cell _____

Treating Physician _____ Phone _____

Significant Medical History _____

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____ Student's response after a 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 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

Administer emergency medications as indicated below

Notify doctor

Other _____

A seizure is generally considered an emergency when:

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

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions: _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Student name: _____

QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Student's Name: _____ School Year: _____ Date of Birth: _____
 School: _____ Grade: _____ Classroom: _____
 Parent/Guardian Name: _____ Tel. (H): _____ (W): _____ (C): _____
 Other Emergency Contact: _____ Tel. (H): _____ (W): _____ (C): _____
 Child's Neurologist: _____ Tel: _____ Location: _____
 Child's Primary Care Dr.: _____ Tel: _____ Location: _____
 Significant medical history or conditions: _____

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s): _____

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: _____

5. When was your child's last seizure? _____

6. Has there been any recent change in your child's seizure patterns? YES NO
If YES, please explain: _____

7. How does your child react after a seizure is over? _____

8. How do other illnesses affect your child's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school? _____

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

10. Will your child need to leave the classroom after a seizure? YES NO
If YES, What process would you recommend for returning your child to classroom: _____

SEIZURE EMERGENCIES

Student name: _____

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

- 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 diabetic
 - ✓ Student has breathing difficulties
 - ✓ Student has a seizure in water

12. Has child ever been hospitalized for continuous seizures? YES NO
If YES, please explain: _____

SEIZURE MEDICATION AND TREATMENT INFORMATION

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

14. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? _____

16. Should any of these medications be administered in a special way? YES NO

If YES, please explain: _____

17. Should any particular reaction be watched for? YES NO

If YES, please explain: _____

18. What should be done when your child misses a dose? _____

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Do you wish to be called before backup medication is given for a missed dose?

21. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

22. Check all that apply and describe any considerations or precautions that should be taken

- General health _____
- Physical functioning _____
- Learning: _____
- Behavior: _____
- Mood/coping: _____
- Other: _____

GENERAL COMMUNICATION ISSUES

23. What is the best way for us to communicate with you about your child's seizure(s)? _____

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent/Guardian Signature: _____ Date: _____ Dates Updated: _____

SeizParentQuestN62(1) (rev. 5/09)

Please return to:

Diastat
(diazepam rectal gel)

Diastat AcuDial™
(diazepam rectal gel)

CHILD ADMINISTRATION AND DISPOSAL INSTRUCTIONS

IMPORTANT

Read first before using

To the caregiver using DIASTAT®:

Please do not give DIASTAT® until:

1. You have thoroughly read these instructions
2. Reviewed administration steps with the doctor
3. Understand the directions

To the caregiver using Diastat® AcuDial™:

Please do not give DIASTAT® AcuDial™ until:

1. You have confirmed:
 - Prescribed dose is visible and if known, is correct
 - Green "ready" band is visible

Confirm the dose and green ready band are visible.

Dose Display Window. Green "READY" Band



2. You have thoroughly read these instructions
3. Reviewed administration steps with the doctor
4. Understand the directions

Please do not administer DIASTAT® until you feel comfortable with how to use DIASTAT®. The doctor will tell you exactly when to use DIASTAT®. When you use DIASTAT® correctly and safely you will help bring seizures under control. Be sure to discuss every aspect of your role with the doctor. If you are not comfortable, then discuss your role with the doctor again.

To help the person with seizures:

- ✓ You must be able to tell the difference between cluster and ordinary seizures.
- ✓ You must be comfortable and satisfied that you are able to give DIASTAT®.
- ✓ You need to agree with the doctor on the exact conditions when to treat with DIASTAT®.
- ✓ You must know how and for how long you should check the person after giving DIASTAT®.

To know what responses to expect:

- ✓ You need to know how soon seizures should stop or decrease in frequency after giving DIASTAT®.
- ✓ You need to know what you should do if the seizures do not stop or there is a change in the person's breathing, behavior, or condition that alarms you.

If you have any questions or feel unsure about using the treatment, **CALL THE DOCTOR** before using DIASTAT®.

Where can I find more information and support?

For information on DIASTAT® and DIASTAT® AcuDial™

Call 1-877-361-2719 or visit www.diastat.com

Additional resource:

Epilepsy Foundation (EF). You can reach EF by calling 1-800-EFA-1000 or www.efa.org.

VALEANT™
Pharmaceuticals North America

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When to treat. Based on the doctor's directions or prescription

Special considerations

DIASTAT® should be used with caution:

- In people with respiratory (breathing) difficulties (eg, asthma or pneumonia)
- In the elderly
- In women of child bearing potential, pregnancy, and nursing mothers

Discuss beforehand with the doctor any additional steps you may need to take if there is leakage of DIASTAT® or a bowel movement.

Patient's DIASTAT® dosage is: _____ mg

Patient's resting breathing rate _____ Patient's current weight _____

Confirm current weight is still the same as when DIASTAT® was prescribed _____

Check expiration date and always remove cap before using. Be sure seal pin is removed with the cap.

TREATMENT 1

Important things to tell the doctor

Date	Seizures before DIASTAT®			Seizures after DIASTAT®		
	Time	Seizure type	No. of seizures	Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:

- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

TREATMENT 2

Important things to tell the doctor

Date	Seizures before DIASTAT®			Seizures after DIASTAT®		
	Time	Seizure type	No. of seizures	Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:

- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

DISPOSAL INSTRUCTIONS FOR DIASTAT® ACuDIAL™

14a

- Pull on plunger until it is completely removed from the syringe body
- Point tip over sink or toilet

- Replace plunger into syringe body, gently pushing plunger until it stops
- Flush toilet or rinse sink with water until gel is no longer visible

14a

This step is for DIASTAT® AcuDial™ users only

At the completion of step 14a:

- Discard all used materials in the garbage can
- Do not reuse
- Discard in a safe place, away from children

14b

At the completion of step 13:

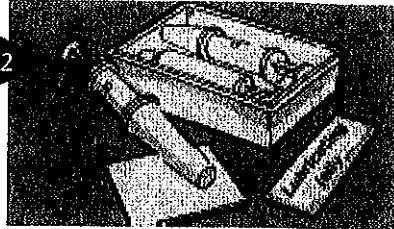
- Discard all used materials in the garbage can
- Do not reuse
- Discard in a safe place, away from children

Adult administration instructions available for download at diastat.com

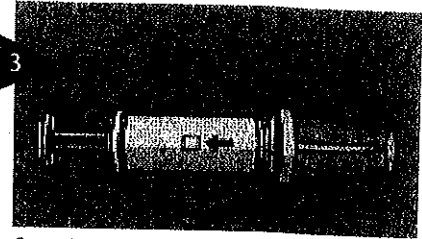
CHILD ADMINISTRATION INSTRUCTIONS



1 Put person on their side where they can't fall.



2 Get medicine.



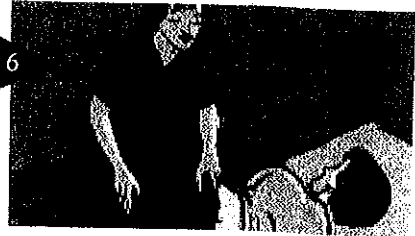
3 Get syringe. Note: seal pin is attached to the cap.



4 Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.



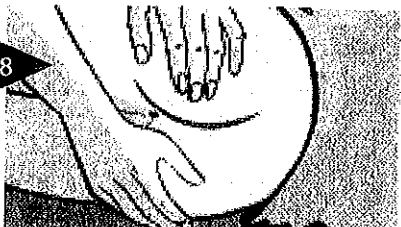
5 Lubricate rectal tip with lubricating jelly.



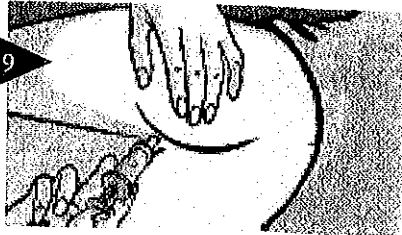
6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



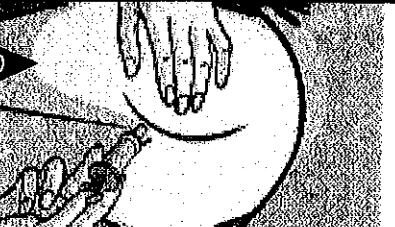
8 Separate buttocks to expose rectum.



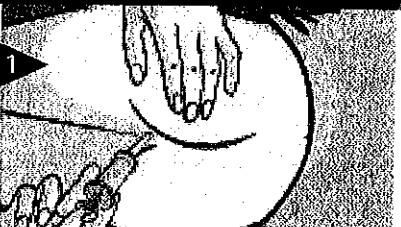
9 Gently insert syringe tip into rectum. Note: rim should be snug against rectal opening.

SLOWLY...

COUNT OUT LOUD TO THREE...1...2...3



10 Slowly count to 3 while gently pushing plunger in until it stops.

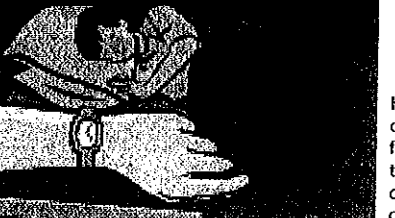


11 Slowly count to 3 before removing syringe from rectum.



12 Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN



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

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

• Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor's instructions:

- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: _____ Doctor's number: _____
(Please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT® given: _____ Dose: _____

DIASTAT® Indication

DIASTAT® AcuDial™ (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 DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

Diastat® (diazepam rectal gel) **Diastat® AcuDial™** (diazepam rectal gel)

