

Physician's Order for Administration of Diastat in School

Student's Name _____ Date of Birth _____
School _____ Grade _____

Student Information for Administration of Diastat in School

Date this student last received Diastat _____

Description of the seizure for which Diastat is ordered

(Please provide a student specific description that will permit identification of the seizure.)

1. The student has a warning before the seizure ☐ No ☐ Yes (please specify) _____
2. This student's seizure begins with:
☐ unresponsive staring
☐ deviation of head or eyes to: ☐ left ☐ right
☐ stiffening or twitching on: ☐ left ☐ right ☐ both sides at the same time
3. This student's seizure progresses with:
☐ spread of stiffening and/or jerking to: ☐ left ☐ right ☐ both sides of body
☐ persisting unresponsiveness without convulsive movements
☐ cyanosis _____ ☐ other, please specify _____

Dosing and time of administration of Diastat

Administer by rectum _____mg of Diastat after seizure of _____minutes duration, or within _____ minutes of seizure onset or if _____(indicate number) of seizures occur within _____(indicate period of time).

Dosing of Diastat: Dosing will follow FDA-approved labeling. Please refer to the dosing chart (6/2010)

2-5 years (0.5 mg/kg)		6-11 years (0.3 mg/kg dose)		12+ years (0.2 mg/kg dose)	
Weight	Dose	Weight	Dose	Weight	Dose
Kg	Mg	Kg	Mg	Kg	Mg
6-10	5	10-16	5	14-25	5
11-15	7.5	17-25	7.5	26-37	7.5
16-20	10	26-33	10	38-50	10
21-25	12.5	34-41	12.5	51-62	12.5
26-30	15	42-50	15	63-75	15
31-35	17.5	51-58	17.5	76-87	17.5
36-44	20	59-74	20	88-111	20

In accordance with labeling, Diastat can be administered only once every 5 days or 5 times in one month.

Notification

I wish to be notified if the student is brought by ambulance to the hospital ☐ yes ☐ no

I wish to be notified if Diastat is administered ☐ yes ☐ no

Concomitant medications: (helpful in case student is brought to hospital) _____

Other Comments: _____

Physician's name (printed) _____ Address _____
Physician's signature _____ Office Phone _____
Office FAX _____ Emergency phone _____
Date _____