Chandler Unified School District #80 Administration of Rectal Diastat Skills Checklist

| Trainee Name: | School: | | |
|---|-------------------------------------|--------------|--------------|
| Trainer Name: | Year: | | |
| | Random Skills Checl | | |
| Explanation/Demonstration | Performed Skill: Initial/Date | Initial/Date | Initial/Date |
| 1. Verify procedure is prescribed for student. | | | |
| 2. Verify the seven rights of medication administration . | | | |
| 3. Assemble equipment. | | | |
| a. Diastat Package with Syringe. | | | |
| b. Gloves | | | |
| 4. Wash hands and put on gloves. | | | |
| 5. Get Diastat and ensure that dose is in vial and that green "Ready" band in locked. | | | |
| 6. Push up with thumb and pull to remove cap from syringe. Be sure seal | | | |
| pin is removed with cap. | | | |
| 7. Lubricate rectal tip with lubricationg jelly. | | | |
| 8.Gently bend upper leg forward and expose rectum. | | | |
| 9. Separate buttocks to expose rectum. | | | |
| 10. Gently insert syringe tip into rectum. Rim should be snug against | | | |
| rectal opening. | | | |
| 11. Slowly count to three while gently pushing plunger until it stops. | | | |
| 12. Slowly count to three before removing syringe from rectum. | | | |
| 13. Slowly count to three while holding buttocks together. | | | |
| 14. Keep student on side and monitor. | | | |
| 15. Follow student's Individualized Plan of Care. | | | |
| 16. Document on medication administration log. | | | |
| Performed Tasks Appropriately (Yes or No, If No further evaluation required): | | | |
| *Initial and date in space beside each skill indicates procedure has been demonstrated in a compe | tent manner. | | |
| Trainee Signature | | | Date |
| Trainer Signature | | | Date |