

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – RECTAL DIASTAT

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

| RECTAL DIASTAT® | | Training Record RN Initial & Date |
|---|--|--------------------------------------|
| <i>Rectal Diastat® is an emergency medication used to treat occasional increased seizures in people with epilepsy.</i> | | |
| A. States purpose of procedure and location of student's medication in the school. Medication dosage should be verified by delegated personnel, locked and secured at room temperature. | | |
| B. Identifies supplies – seizure action plan, seizure observation record, hand hygiene supplies, blanket or towel for privacy, medication administration kit with gloves and lubricant. | | |
| C. Procedure: | | |
| 1. At onset of seizure, document time seizure started on the seizure observation record. | | |
| 2. Position student on his/her side on the floor and observe skin color and breathing effort. | | |
| 3. Instruct another adult to bring the supplies (see above: "B") to student. | | |
| 4. At the appropriate time to give medication as indicated in the seizure action plan; perform hand hygiene and put on gloves. | | |
| 5. Remove clothing as needed to expose rectum. Cover with blanket for privacy if needed | | |
| 6. Remove protective cover on Diastat® syringe | | |
| 7. Lubricate rectal tip with lubricating jelly. | | |
| 8. Bend student's upper leg forward to expose rectum. Another staff person should observe skin color and breathing effort. | | |
| 9. Separate buttocks to expose rectal opening. | | |
| 10. Gently insert syringe tip into the rectum. Note: Rim should be snug against the rectum. | | |
| 11. Slowly count to 3 while gently pushing plunger in until it stops. | | |
| 12. Slowly count to 3 before removing syringe from rectum. | | |
| 13. Slowly count to 3 while holding buttocks together to prevent leakage. | | |
| 14. Once Diastat® is given, keep student on side, note time medication given and when seizure stopped on seizure action plan and the seizure observation record. Continue to observe. | | |
| 15. Call EMS (911) as indicated in Seizure Action Plan and provide them with a copy of the plan. | | |
| 16. Notify parents, nurse consultant and other appropriate personnel as directed in the seizure action plan. | | |
| Competency Statement | | Training RN Signature & Initial |
| Rectal Diastat®: Describes emergency response to seizure and demonstrates correct performance of simulated rectal Diastat® administration. | | |

DELEGATION AUTHORIZATION

I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Delegation Decision Grid Score _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

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| RN Initial & Date | <p align="center">Procedure</p> <p align="center">√ = acceptable performance</p> | <p align="center">Follow Up/ Supervision Plan / Comments</p> |
|-------------------|---|---|
| | <input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Seizure emergency management response <input type="checkbox"/> Rectal Diastat® administration <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well | <input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments: |
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Delegating RN Signature _____ Initials _____