[redacted]

Mecklenburg County Health Dept

SCHOOL HEALTH SERVICES
A Partnership for Serving Children

Order: Diastat in School

_____

Preferred Hospital: _____
School: _____ Teacher/Grade/Homeroom: _____

: _____

Health Care Provider complete the following information:

1. Observe seizure activity and time the seizure.
2. If seizure is longer than _____ minutes in duration give Diastat _____ mg. rectally as ordered following proper procedure.
3. Monitor vital signs.
4. Assess student for specific behaviors and movements during the seizure and complete the seizure flow sheet. Remain with the student.
5. Notify parent/guardian. Student must be picked up from school.
6. Observe for decreased breathing or heart rate, change in color, head injury at time of seizure, duration and number of seizures.
7. Call 911 if :
8. Document medication given on medication record.
9. Other:

Duration of order: School Year_____

Health Care Provider _____ Phone # _____FAX #____
Address:_____

[redacted]