

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 _____

"This document and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.

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Student/Child _____

Birth _____
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School/
Center _____

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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:
	<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 _____