

# Barrow County School System

## Physician's Order for the Administering of DIASTAT in the School Setting

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1) Dosage: \_\_\_\_\_

2) When should the child be treated with DIASTAT (be specific): \_\_\_\_\_

3) How long should the seizure last before treatment begins? \_\_\_\_\_

4) What side effects can be expected after the administration of DIASTAT? \_\_\_\_\_

5) What action should be taken if the child has a bowel movement or expels the medication? \_\_\_\_\_

6) If the child has a cold, respiratory infection or fever, should the DIASTAT be given? \_\_\_\_\_

7) If a seizure should occur while the child is being transported on the school bus, on a field trip, on community-based instruction or at a community-based instruction site, our procedure would be to call 911.

*Any additional comments?* \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Office Phone Number