

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – RECTAL DIASTAT**

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:  
Unlicensed Assistive Personnel (UAP)

<b>RECTAL DIASTAT®</b>		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 child's medication in the school. Medication is secured at room temperature.		
B. Identifies supplies – blanket or towel for privacy, disposal container, medication administration kit with gloves, lubricant		
C. Procedure:		
1. At onset of seizure, document time seizure started and stay with the child, observing skin color and breathing effort. Prepare to give medication at time indicated on seizure action plan.		
2. Position child on side on the floor at first sign of seizure.		
3. Instruct another adult to bring child's Seizure Action Plan and supplies to child.		
4. Verify Provider order for medication, dose and route of administration with another staff member.		
5. Perform hand hygiene and put on gloves.		
6. Remove clothing as needed to expose rectum.		
7. Remove protective cover on Diastat syringe		
8. Lubricate rectal tip with lubricating jelly.		
9. While facing child, bend child's upper leg forward to expose rectum. Another staff person should observe skin color and breathing effort.		
10. Separate buttocks to expose rectal opening.		
11. Gently insert syringe tip into the rectum. Note: Rim should be snug against the rectum.		
12. Slowly count to 3 while gently pushing plunger in until it stops.		
13. Slowly count to 3 before removing syringe from rectum.		
14. Slowly count to 3 while holding buttocks together to prevent leakage.		
15. Once Diastat is given, keep child on side facing you, note time given and when seizure stopped. Continue to observe.		
16. Call EMS (911) if indicated in Seizure Action Plan orders and provide them with a copy of plan.		
17. Notify parents, nurse consultant and other appropriate personnel as directed in seizure action plan		
<b>Competency Statement</b>		Training RN Signature & Initial
<b>Rectal Diastat®:</b> Describes emergency response to seizure and demonstrates correct performance of simulated rectal Diastat administration.		

<b>DELEGATION AUTHORIZATION</b>			
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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RN Initial & Date	<p align="center"><b>Procedure</b></p> <p align="center">√ = acceptable performance</p>	<p align="center"><b>Follow Up/ Supervision Plan / Comments</b></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 \_\_\_\_\_