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| **Rectal Diazepam****First Dose Authorisation Form** |
| I, the prescriber:……………………………………….……………………………………….……(named consultant)……………………………………………………………………………………………………(base & contact tel. no)give permission for the rectal administration of **Diazepam** by staff who have **attended specific training**.I take full responsibility for this medication to be given as outlined below.SIGNED:…………………………………………………………. DATED: …………………………………................ |
| NAME OF CHILD: ...………………………………..………………………… DOB: …………………………………NHS No: ……………………………School:……………………………………………………………………………...Home Address: …………………………………………………………………………………………………………….Other Setting: ……………………………………………………………………………………………………………… PRESCRIBED DOSE: …………..… **Amount to be administered:** ROUTE: RECTALTo be given if seizure lasts longer than: ………minutesSpecial instructions (if required): ……………………………………………………………………………..................……………………………………………………………………………………………………………………………….. |
| **When to call for a Paramedic Ambulance:** * Whenever any emergency rescue medication is being given to this child for the first time in

a school/setting* If the seizure has not resolved after ………minutes following administration of Diazepam.
* Other ……………………………………………………………………………………………………………….
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| **Instructions for administration:**Please see individual manufacturer’s instructions. |
| The authorisation form must be updated annually or whenever there are any changes to the child’s emergency rescuemedication details. |