|  |
| --- |
| **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: RECTAL  To be given if seizure lasts longer than: ………minutes  Special 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 ………………………………………………………………………………………………………………. |
| **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 rescue  medication details. |