

Medical History & Physician Prescribed Emergency Seizure Treatment Order

(To Be Completed by Physician)



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History

Name _____ Age _____ Weight _____
Seizure Types _____ Description _____
Allergies _____ Treatment Order Date _____

Treatment Order:

- DIASTAT® AcuDial™ (diazepam rectal gel) _____ mg rectally prn for: seizure > _____ minutes OR for _____ or more seizures in _____ hours
- Use VNS (vagal nerve stimulator) magnet _____
- Other _____
- Call 911 if:
 - Seizure does not stop by itself or with VNS within _____ minutes
 - Seizure does not stop within _____ minutes of administering DIASTAT® AcuDial™
 - Patient does not start to wake up within _____ minutes after seizure is over (no DIASTAT® AcuDial™ given)
 - Patient does not start to wake up within _____ minutes after seizure is over (after DIASTAT® AcuDial™ given)
- Following a seizure, please notify my office: (Please check off)
 - If you go to the Emergency Room
 - Whenever DIASTAT® AcuDial™ is administered

Physician Information:

Physician/Nurse Practitioner/Physician Assistant Name (Printed) _____
Signature _____ Date _____
License Number _____ State _____
Address _____
Phone Number _____ Fax _____

Developed in conjunction with Kevan VanLandingham, MD, PhD, Duke University, Medical Center, Durham, NC.

CONFIDENTIALITY STATEMENT

By creating and distributing this Seizure Preparedness Plan, it is the expressed intention of Valeant Pharmaceuticals North America to provide a value-added service to healthcare providers, caregivers, and patients. Valeant Pharmaceuticals North America intends to fully comply with HIPPA guidelines for patient confidentiality to ensure that personal information is not disclosed to anyone outside of those that the parent/caregiver, healthcare professional, or student-patient deem acceptable. Valeant Pharmaceuticals North America is not responsible for this Plan or its contents after the Plan has been released to healthcare professionals. Careful consideration should be given before any medical information is released to others.

IMPORTANT SAFETY INFORMATION

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older.

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness and rhinitis (1%-5%). Please see full DIASTAT AcuDial Prescribing Information.

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