

# Medical History & Physician Prescribed Emergency Seizure Treatment Order

(To Be Completed by Child's Physician)



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## History

Child's 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™
  - Child does not start to wake up within \_\_\_\_\_ minutes after seizure is over (no DIASTAT® AcuDial™ given)
  - Child does not start to wake up within \_\_\_\_\_ minutes after seizure is over (after DIASTAT® AcuDial® given)
- Following a seizure: (Please check off)
  - Child should rest in nurse's office
  - Child may return to class
  - Parents/Caregiver should be notified immediately
  - Parents/caregiver should receive a copy of the seizure record sent home with the child

## Physician Information:

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

*Developed in collaboration with Christine O'Dell, RN, MSN and Shlomo Shinnar, MD, PhD, of the Comprehensive Epilepsy Management Center, Montefiore Medical Center, Bronx, New York.*

## CONFIDENTIALITY STATEMENT

By creating and distributing this Pediatric 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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