

MEDICATION POLICY



ST. EITHNE'S PRIMARY
SCHOOL

Revised and Updated March 2009

POLICY FOR THE ADMINISTRATION OF MEDICATION IN ST. EITHNE'S

1. Policy Acceptance

The Board of Governors and staff of St. Eithne's Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

This policy has been reviewed and adjusted using DENI / DHSSNI guidance "Supporting Pupils with Medication Needs".

Please note that parents should keep their children at home if acutely unwell or infectious.

2. Responsibilities & Agreements.

Parents, as defined in the Education Act 1944, are a child's main carers and are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. The school should be made aware of any condition on the Sims Data Capture form provided at the beginning of the year. A parent should fill in the appropriate forms (Appendices) for cases of epilepsy, diabetes, asthma, anaphylaxis, allergic and hypoglycaemic reactions. If in doubt all similar conditions should also be brought to the attention of the principal. All information regarding the disease should be provided by the parent to the school where possible.

3. Special Cases.

In isolated cases an agreement may be made for a child who is able to attend school despite having a condition which is likely to persist over a period of months or years. In such cases the school may deem it necessary to consult the child's GP. However, **in most cases**, the school will expect the parent or carer to make their own arrangement to provide the medication. Parents who insist that their child must receive medication must realise that it is their responsibility in the first instant.

4. Instructions on Use.

Should the school agree to assist with medicines (and it is not legally bound to do so), prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

5. Painkiller & Non-prescribed Medicines.

School staff **cannot** take responsibility for administering painkillers and other such non-prescribed medication. If a child is seen to possess any drugs he/she must show proof or entitlement to such drugs. In all cases the principal should have agreed this. If proof is absent the drugs will be confiscated.

If the child is in pain it is our belief that the child is probably better off at home. Children will not be allowed to carry painkillers around the school.

6. Quantities of medicine.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

7. Offsite.

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care. Again this

8. Labelling Medicines

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- . Pupil's Name.
- . Name of medication;
- . Dosage;
- . Frequency of administration;
- . Date of dispensing;
- . Storage requirements (if important);
- . Expiry date.

The school will not accept items of medication in unlabelled containers.

9. Securing Medicines

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

10. Refusal to take Medicines.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

11 End of Treatment.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

12 Medication Supply.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

13. Dosage.

The school will not make changes to dosages on parental instructions.

14. Disposal.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

15. Medication Plan.

For each pupil with long-term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals and if an agreement has been reached where the school agrees to take on this responsibility.

16. Self Administration.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. Many pupils may need to take an antibiotic or apply a lotion at some time in their school life. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should ask the prescribing doctor or dentist about this.

17. Asthma.

Nowadays, Asthma is a very common ailment and in many cases children miss a lot of valuable school days because the asthma cannot be controlled on a daily basis. A primary 1 to 4 child with asthma may be allowed to administer the drug him/herself under the supervision of the teacher and a Primary 5, 6 & 7 child will be allowed to carry his/her own asthma inhalers. However, parents of asthma sufferers must contact the principal, fill in the appropriate forms and send in a letter from the GP.

18. Training.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

19. School Trips.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

20. Awareness of Emergency Procedures.

All staff will be made aware of the procedures to be followed in the event of an emergency.

21. Storing Medication.

All asthma medication should be kept out of the reach of other children. (Generally on the top shelf of the store in a container marked clearly so that a sub teacher may know where to find them). Asthma

inhalers should be clearly labelled with the name of the pupil, the dose of the drug and the frequency of the administration.

22. Carrying Inhalers.

Children should not carry inhalers with them unless they are in years 5, 6 & 7 and only if an agreement has been signed by their parents. All supervising staff should be informed where the inhalers are and advised about their role.

Other medication must be stored in a safe place (Office cupboard or store).

In general the school will not keep medicines other than asthma inhalers, except in extreme special cases and in being appropriately prepared for an emergency. The principal reserves the right to refuse any administration or supervision of administration of any other types of medication.

23. Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. When blood has been spilt only staff members wearing appropriate protection should clean it up and dispose of dressings and soiled materials properly. (For further advice consult the school's first aider, Cathy Brady)

24. Record Keeping.

Information on all ailments will be kept on the Secretary's computer in the first instant. A File will be kept in the office. In the file will be a list of all pupils whose parents have sent in information, written confirmation of ailments and requests for asthma supervision. Parents are responsible for supplying information about medicines. Teachers should send information about such illnesses or conditions to the office should they learn of them during a parents/teacher meeting.

25. Emergency Procedures.

In the case of an emergency, i.e. a child has a fit, a seizure, and some other suspected dangerous reaction due to a medical condition or behavioural difficulty the teacher is to first contact the office. The principal should be called to the class to assist and assess the situation. If necessary an ambulance should be called as soon as possible and parents contacted. Should the principal not be available the Vice-principal should be contacted to help assess the next course of action. Staff members should not in the first instance take a child in the car to the hospital. Such decisions should be made by the staff member in charge of the school at the time.

Should a staff member take suddenly ill or have some seizure the same procedure as above should be followed.

26. Contact with Parents/ Carers

It is paramount that parents make sure they have supplied the school with up-to-date contact telephone numbers. Parents need to be contacted fast in an emergency and the schools ability to do so will depend on readily available up-to-date phone numbers. The risk to the child is heightened when a parent cannot be contacted and the responsibility lies with the parent to make sure that he/she can be easily contacted.

Summary

The administration of medication and medical procedures to children is the responsibility of parents, and there is no contractual requirement for any teacher to administer medication to a pupil. However, principals and their teaching staff, as persons "in loco parentis", must take appropriate action when a child in their care requires medical attention.

When a parent requests that medication be administered to their child, this request should be made in writing. However, in most cases it is likely that a regime of self-management may be agreed and only in cases where the child has a long-term condition like diabetes and asthma. Discussions, between the parents and principal and in some cases the child's GP, are undertaken in order to establish the procedures to be followed. However, staff members will not be required to administer medicines. A teacher will not be forced to administer medicines or supervise the activities. It is not in his/her contract.

If a child needs to take an antibiotic it is most likely that the child is not well enough to attend school. The school will not undertake to accept responsibility for non-prescribed medication. The parent will be given the opportunity to undertake the administration of the medicine during the day. If this is not possible the GP can advise the parent on other possible arrangements. Such arrangements must be made clear to the principal and all procedures detailed in written form (Available from the office).

The secretary is the school's named first aider. She has been trained to deal with the general day-to-day medical issues needed in a school environment.

Common Conditions & Treatment

EPILEPSY, DIABETES, ANAPHYLAXIS, ALLERGIC REACTIONS & ASTHMA

Please read for your own information.

EPILEPSY

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and or / loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:-

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and other only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and / or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be triggered for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV's. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site

activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. Diazepam causes drowsiness so pupils may need some time to recover after its administration.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriate trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupils should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

DIABETES

What is diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out. Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and school will naturally wish to draw any such signs to the parents' attention.

ANAPHYLAXIS

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

ALLERGIC REACTIONS

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

ASTHMA

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

Medication and Control

Asthma Management Details.

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, eg., exercise).

Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

At St. Eithne's we allow children in Years 5 to 7 to carry their own inhalers as long as a parent / carer has completed Form AM3 (Appendices).

Primary 1 to 4 pupils will need a more supervised approach so a box to hold the inhalers will be kept secure in the classroom or at the office.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amounts of assistance they require will differ.

Children with asthma must have immediate access to their reliever inhalers when they need them. Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupils' name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left a home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are likely to be serious adverse effects. However, school should take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

Signed: _____
(Chair of Board of Governors)

Signed: _____
(Principal)

Date: _____

Appendices

Forms

- AM1 MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

- AM2 REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

- AM3 TEMPLATE FOR A REQUEST FOR PUPIL TO CARRY HIS/HER INHALER**

- AM4 RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

- AM5 RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN**

ST. EITHNE'S REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION FORM AM2

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth / / _____ M F

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container) _____

Date dispensed: _____ Expiry Date: _____

Full Directions for use:

Dosage and method _____

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-Administration Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Information

1 Family contact 1: Name: _____

Phone No: (home/mobile): _____

(work): _____

Relationship: _____

Address: _____

I understand that I must deliver the medicine personally to _____ and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s): _____ (agreed member of staff) **Date:** _____

Principal: I agree that _____ (name of child) will receive the medicine as detailed above at the said times by the named staff member

Signed: _____ **Date:** _____

This form must be completed by parents/ carers

Details of Pupil

Surname _____ Forenames(s) _____

Address _____

Date of Birth ___/___/___

Class _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine _____

Procedures to be taken in an emergency

Contact Details

Name _____

Phone No: (home/mobile) _____
 (work) _____

Relationship to child _____

I would like my child to keep his/her medication on him/her for use as necessary

Signed _____ **Date** _____

Relationship to child _____

Agreement of Principal

I agree that _____ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (either end date of course of medication or until instructed by parents)

Signed _____ **Date** _____

The Principal/authorised member of staff

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication

**Record of medicine administered
to an individual child**

Surname	
Forename (s)	
Date of Birth	___ / ___ / ___ M <input type="checkbox"/> <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___ / ___ / ___
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____**Signature of parent** _____

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

FORM AM4 (Continued)

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

**TEMPLATE FOR A RECORD OF
MEDICAL TRAINING FOR STAFF**

Name _____

Type of training received _____

Name(s) of condition/ _____

medication involved _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to administer the medication described.

Trainer's signature _____ **Date** _____

I confirm that I have received the training detailed above

Trainee's signature _____ **Date** _____

Proposed Retraining Date _____

Refresher Training Completed –

Trainer _____

Date _____

Trainee _____

Date _____

**AUTHORISATION FOR THE
ADMINISTRATION OF RECTAL DIAZEPAM**

Child's name _____

Date of birth ___ / ___ / ___

Class _____

GP _____

Hospital consultant _____

_____ should be given Rectal Diazepam mg. ___

If he/she has a *prolonged epileptic seizure lasting over _____ minutes

OR

*serial seizures lasting over _____ minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(*please delete as appropriate)

Doctor's signature _____ Parent's signature _____

Date ___ / ___ / ___

NB: Authorization for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorization is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorization should clearly state: when the diazepam is to be given e.g. after 5 minutes; how much medicine should be given; if a second dose of Rectal Diazepam can be given; and how the child presents before, during and after a seizure.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

This form should be completed in conjunction with Form AM7

Records of administration should be maintained using Form AM4 or similar