

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.

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