**Form 9**

***Authorisation for the Administration of Rectal Diazepam***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

|  |  |
| --- | --- |
| **Name of school/setting** |       |
| **Child’s name** |       |
| **Date of birth** |       |       |      |  |
| **Home address** |       |
| **G.P.** |       |
| **Hospital consultant** |       |

|  |  |
| --- | --- |
| [name of child] 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 [name of child] | * \*At the beginning of the seizure.
 |
| **OR** |
| * \*If the seizure has not resolved after       minutes.
 |
|  | **(\* please delete as appropriate)** |
| **Doctor’s signature** |       |
| **Print Name** |       | **Date** |       |

|  |  |
| --- | --- |
| **Parent/Carer’s signature** |       |
| **Print Name** |       | **Date** |       |

|  |  |
| --- | --- |
| **The following staff have been trained.** |       |
| **Trainer’s name** |       | **Trainer’s post** |       |

**FORM 9 Authorisation for the Administration of Rectal Diazepam (Continued)**

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation 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 Authorisation should clearly state:

* When the diazepam is to be given e.g. after 5 minutes; and
* How much medicine should be given?

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

**Records of administration should be maintained using Form 5 or similar.**