OUTREACH SERVICES OF INDIANA
FSSA – State of Indiana

Diastat Protocol

Baseline Vital Signs: Blood Pressure_____ Pulse_____ Temperature_____ Respirations_____

The following is intended as a guideline. This protocol does not supersede facility policy, nursing judgment or physician orders.

When to Give?

For Seizures lasting more than ___ minutes. For more than ___ seizures in ___minutes/hours
Special Instructions_____
_____
_____

* How Much to Give? *

_____Mg

Always DBL check medication with the order/MAR prior to administering!
Do Not Repeat in 24 hours unless otherwise ordered by physician.

How to Give?

See attached instructions_____ See package insert located _____

Call 911 if seizure continues for __ minutes after Diastat or if the person appears gravely ill or difficulty breathing.

Monitoring After Diastat Given

- Monitor for changes in breathing (shallow, labored), blue lips or fingernails. **If noted, Call 911, attempt to sit person upright and attempt to arouse.**
- Stay with the person for at least 4 hours after giving Diastat or until back to baseline.
- Monitor Vitals signs every _____minutes for 4 hours.
- If BP is greater than_____less than_____,Temp is greater than_____less than _____, Pulse is greater than_____Less than_____, Respiratory Rate is greater than_____less than_____ Notify nurse_____ Supervisor_____.
- Document Vital Signs on Vital Sign Flow Sheet___ Daily Notes____
  Other_____
- Do not give anything to eat or drink until returns to normal activity. Start with small sips of water to be sure can tolerate.
- Ambulate with assist until fully awake.
- Instruct person not to operate heavy machinery, drive, swim or ride a bicycle for at least 4 hours and fully awake.
- Document overall condition during and after receiving diastat every ____ minutes on Daily Note _____.
- Other:_____

Completed by: _____ Date: _____
Physician Signature: _____ Date: _____ (annually)

Review Date:						
Reviewer:						

Reference: www.diastat.com