



PHYSICIAN'S PLAN OF CARE

FOR ADMINISTRATION OF INTRANASAL VALTOCO (Diazepam)

Student's Name: _____ Student Number: _____

Date of Birth: _____ Teacher: _____ Grade: _____

Allergies: _____

It is necessary for the above named student to have (Intranasal) Valtoco ® (Diazepam) _____ mgs administered in the event of seizure activity as described here: _____

ICD 10 Code _____

ADMINISTRATION PROTOCOL:

1. When nurse is not present:

a. Trained school personnel will give Intranasal Valtoco® (diazepam):

- At onset of any seizure.
At _____ minutes after onset of seizure.
Other _____

911 will be called upon administration of Intranasal Valtoco ® (Diazepam) by trained school personnel if nurse is not present.

2. When nurse is present:

a. Give Intranasal Valtoco ® (Diazepam):

- At onset of any seizure.
At _____ minutes after onset of seizure.
Other _____

b. Call 911:

- At onset of any seizure.
At _____ minutes after onset of seizure.
At _____ minutes after Intranasal Valtoco ® (Diazepam) is given, if seizure activity is still present

3. During transport:

a. Since Intranasal Valtoco ® (Diazepam) cannot be given on a school bus or while in transit, when should 911 be called?

- At onset of any seizure.
At _____ minutes after onset of seizure

STANDARDIZED PROCEDURES:

- I have reviewed and approve the proposed plan of care for this student.
I have reviewed and approve the proposed plan of care for this student with the specific modifications I have Included below:

- Precautions, possible side effects to observe: _____
Recommended interventions for side effects: _____
The above treatment(s)/intervention(s) are to be continued until _____ (Expiration Date)

I give permission for my child's doctor to be contacted for information regarding the administration of this medication.

Physician's Printed Name Physician's Signature Date

Address Phone Number FAX

Parent/Guardian Printed Name Parent/Guardian Signature Date

Reviewed by School Nurse Date:

ISTWA SANTE ELÈV LA- KRIZ

Non Elèv la: _____ Nimewo Elèv la: _____

Dat Nesans: _____ Lekòl: _____ Pwofesè/Klas: _____

Doktè: _____ Nimewo Doktè a: _____ Li Monte Bis: Wi__ Non__

Alèji: _____

Paran/Responsab: _____ Telefòn Lakay: _____ Lòt Telefòn: _____

Paran/Responsab: _____ Telefòn Lakay: _____ Lòt Telefòn: _____

Kontak Ijan: _____ Telefòn Lakay: _____ Lòt Telefòn: _____

Relasyon: _____

Kontak Ijan: _____ Telefòn Lakay: _____ Lòt Telefòn: _____

Relasyon: _____

Ane li dyagnostike avèk kriz la: _____ Dat ki pi resan ke li te fè kriz: _____

1. Ki kalite kriz (kijan yo rele yo) ki konn pran pitit ou a? _____
2. Kisa ki rive lè pitit ou a fè yon kriz? _____
3. Chak kilè li kriz la konn pran li? _____
4. Dabitid konbyen tan kriz la dire? _____
5. Resamman li te lopital? Ki dat _____ Bay rezon an: _____

| | Wi | Non |
|--|-----------|------------|
| Eske yon kriz konn fè pliske 5 minit sou li? <i>Si se wi, ki tretman yo konn ba li?</i> | | |
| Eske yo te janm preskri pitit ou a Diastat? | | |
| Si yo preskri li Diastat, eske ou janm bali remèd sa a? | | |
| Eske piti ou a konn rive twalèt oubyen pipi sou li lè kriz la pran li? (ansèkle kisa ki konn rive li) | | |
| Eske pitit ou a konn parèt ble oswa souf li konn koupe pandan kriz la? <i>Si se wi, ki tretman li konn bezwen?</i> | | |
| Eske li parèt se yon bagay ki lakoz kriz la? <input type="checkbox"/> Limyè flache <input type="checkbox"/> Jwèt Videyo <input type="checkbox"/> Òdinatè <input type="checkbox"/> Lòt moun _____ | | |
| Eske genyen yon limitasyon nan aktivite pitit ou a? <i>Si wi, tanpri espesifye epi atache yon kòmand ki soti nan men doktè li pou limitasyon sa yo.</i> | | |

Kòmantè oswa enfòmasyon adisyonèl:

ISTWA SANTE ELÈV LA- KRIZ

Eske pitit ou a pran medikaman lakay? ___ Wi ___ Non si se wi, bay lis la:

| Medikaman | Dòz | Chak kilè |
|-----------|-----|-----------|
| 1. | | |
| 2. | | |

Administre medikaman ijan ki nan lis anba a anka yon ensidan kriz ta rive pitit ou nan lekòl la.

Fòm Otorizasyon Medikaman Distri a dwe konplete e siyen pa paran e doktè ki te bay preskripsyon an epi klase nan dosye lekòl la anvan yo kapab administre nenpòt medikaman. Paran dwe pote medikaman nan lekòl la.

| Medikaman | Dòz | Dekri Kilè pou Itilize li |
|-----------|-----|---------------------------|
| 1. | | |
| 2. | | |

PLAN IJAN:

- Nan ka kote genyen yon danje nan lekòl la, medikaman ki nan klinik yo papral disponib pou pitit ou itilize. Nou ankouraje ou diskite yon plan avèk doktè pitit ou a epi ak enfimiyè lekòl la. Tanpri note pi ba a nenpòt enstriksyon espesyal ki dwe enkli kòm pati nan Plan Aksyon Ijan pou pitit ou a.

- Nan ka kote ta va genyen yon evakyasyon, yo pral transfere medikaman ijan yo nan syèj evakyasyon an, nenpòt lè sa posib.

Mwen konprann ke Plan Aksyon Ijan pitit mwen an pral pataje avèk manm pèsònèl lekòl apwopriye ki bezwen konnen kondisyon sante li. Mwen konprann davantaj ke lekòl la pa responsab pou domaj oswa ekipman ki pèdi ke yo itilize pou bay tretman oswa pwosedi medikal ke yo preskri a.

Mwen bay pèmasyon pou kontakte moun kap bay pitit mwen an swen sante a pou founi enfòmasyon konsènan kondisyon medikal pitit mwen an. Mwen te revize epi dakò avèk enfòmasyon ke yo bay nan fòm Istwa Sante a.

Paran/Responsab: _____
Siyati Dat

Revize pa: _____
Enfimiyè Lekòl la Dat

FOR SCHOOL NURSE USE ONLY

Notes: _____

