Diastat® Use for Seizures

Status epilepticus refers to the occurrence of a single seizure lasting longer than 5 to 10 minutes or frequent (clustered) seizures without a return to baseline. Although not associated with increased mortality, status epilepticus is linked to prolonged hospitalization and poorer functional outcomes.

Benzodiazepines remain the first-line treatment for status epilepticus because they can rapidly control seizures. For at home use, a rectal gel formulation of diazepam (called Diastat®) is available and provides rapid delivery of the drug when intravenous access is not available. After using Diastat® a seizure usually stops within 5 to 10 minutes. Using Diastat® in the home situation not only controls the seizure more quickly but often prevents the need to call 911 and trips to the Emergency Department.

There are times when emergency help (911) should be called. The health care provider that ordered the Diastat® should set parameters for calling 911. Instances that would require a 911 call include:

- The seizure continues for 15 minutes after giving Diastat®.
- Seizure behavior is different from usual episodes.
- You become alarmed by the color or breathing of the person.
- The person is having unusual or serious problems.

Diastat® comes in easy-to-use, prepackaged, pre-measured doses. It requires no refrigeration or special handling and has a 4-year shelf life. Diastat® comes in 10 mg or 20 mg syringes for use in adults with a range of dosing from 5 mg to 20 mg. The pharmacist will dial in the correct dose on the pre-filled syringe and lock it into place. A green “READY” band should be visible when the unit is locked.

Side effects
There may be side effects to the use of Diastat® which include:

- Drowsiness, lethargy
- Decreased blood pressure
- Agitation, confusion, nervousness
- Abnormal thinking
- Dizziness, incoordination
- Slurred speech
- Headache
- Flushing
- Stomach pain, diarrhea
Best Practice Policy:
In order to administer Diastat® in a group home or supported living setting, a protocol should be in place. This protocol would contain:

1. An order from the prescribing health care provider which includes:
   a. The dose of Diastat® to be given.
   b. Parameters for use such as: “if seizure lasts 5 minutes, administer Diastat®, repeat in 10 minutes if needed”.
   c. How often it can be used per day, week or month.
   d. When to notify the health care provider.
   e. When to call 911.
2. Guardian approval when possible.
3. Clear directions for staff regarding the use of Diastat®.
4. Training of medication certified staff by a nurse, ideally, or another qualified trainer, in the administration of Diastat®.
5. Documentation that each medication certified staff has been trained and demonstrates competency.

Directions for use:
1. Turn person on side where he/she cannot fall.
2. Get Diastat® kit.
3. Take out syringe (the seal pin will be attached to the cap).
4. Push up with thumb and pull to remove cap from syringe. Make sure seal pin is removed with the cap.
5. Lubricate tip of rectal syringe with lubricating jelly.
6. Positioning: Make sure person is on side facing you. Bend legs forward and separate buttocks to expose anus.
7. Gently insert syringe tip into the rectum with the rim snug against the anal opening.
8. Slowly count to three while gently pushing plunger in until it stops.
9. Slowly count to three before removing syringe tip from rectum.
10. Slowly count to three while holding buttocks together to prevent leakage.
11. Keep person on his/her side and monitor. Note time it takes for medication to work and seizure activity to stop.

Disposal:
1. Pull up on plunger until it is completely removed from the syringe body.
2. Replace plunger into syringe body and gently push plunger while pointing into a sink or toilet until it stops.
3. Rinse sink or flush toilet to get rid of any gel that may have remained in the syringe after use.
4. Discard all materials into a garbage container that is not accessible by other clients.