

Attach this document to your Epilepsy Management Plan if Rectal Valium is prescribed. This Emergency Plan should be completed by the prescribing doctor in consultation with the person and/or their family or carer. It must be attached to their epilepsy management plan which has been signed by their doctor. The Epilepsy Foundation recommends this plan be reviewed and signed by the person's doctor annually.



Emergency Medication Management Plan

Rectal Valium (only to be administered by a trained person)

Rectal Valium Management Plan for (name):

Date:

Date of birth:

Administration method:

Rectal ☐

1. FIRST DOSE Rectal Valium

First dose = mo

For single seizures:

- As soon as a *seizure type* begins

☐ If the _____ (seizure type) continues longer than _____ mins

For clusters of seizures:

☐ When (number) (seizure type) occur/s within mins hrs

☐ Other (please specify):

Special instructions:

2. SECOND DOSE Rectal Valium

Second dose = mg

☐ Not prescribed OR

☐ If the (seizure type) continues for another mins following the first dose

<input type="checkbox"/>	When another (number) (seizure type) occur/s within mins hrs following the first dose
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☐ Other (please specify):

Special instructions:

3. Maximum number of Rectal Valium doses to be given in a 24-hour period

Maximum number:

4. Dial 000 to call the ambulance:

☐ Prior to administering Rectal Valium

☐ If the seizure has not stopped _____ minutes after giving the Rectal Valium

☐ Other (please specify):

5. Describe what to do after Rectal Valium has been administered:

6. Prescribing doctor or specialist

Name of doctor:

Telephone:

Date:

Signature

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7. Family/carers to complete

Any special instructions e.g. storage of medication, when on outings etc. or people to contact if emergency medication is given.

Name:

Relationship:

Telephone:

Date:

Email:

Signature

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Recommended RECTAL VALIUM storage information:

- Keep out of reach of children
- Protect from light and store at room temperature (below 25° C)
- Regularly check the expiry date