Rectal Diazepam Policy

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<thead>
<tr>
<th>Document Type</th>
<th>Rectal Diazepam Policy</th>
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<tbody>
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</table>
# List of Contents

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rectal Diazepam</td>
</tr>
<tr>
<td>2</td>
<td>Guidelines</td>
</tr>
<tr>
<td>3</td>
<td>What is Rectal Diazepam?</td>
</tr>
<tr>
<td></td>
<td>3.1 Uses</td>
</tr>
<tr>
<td></td>
<td>3.2 Effects</td>
</tr>
<tr>
<td></td>
<td>3.3 Side effects</td>
</tr>
<tr>
<td>4</td>
<td>Individuals we Support</td>
</tr>
<tr>
<td>5</td>
<td>Staff</td>
</tr>
<tr>
<td>6</td>
<td>Insurance</td>
</tr>
<tr>
<td>7</td>
<td>Follow up Procedure</td>
</tr>
<tr>
<td>8</td>
<td>Emergency Administration of Rectal Diazepam</td>
</tr>
<tr>
<td></td>
<td>8.1 Training Summary</td>
</tr>
<tr>
<td>9</td>
<td>Procedure Administration of Rectal Diazepam</td>
</tr>
<tr>
<td></td>
<td>9.1 Equipment</td>
</tr>
<tr>
<td></td>
<td>9.2 Administration</td>
</tr>
<tr>
<td>10</td>
<td>Manual Handling for Clients Confined To Wheelchair</td>
</tr>
<tr>
<td>11</td>
<td>Staff Protocol for the Administration of Rectal Diazepam</td>
</tr>
</tbody>
</table>
1. **Rectal Diazepam**

The purpose of this policy/procedure is to set out a framework within which staff who administers Rectal Diazepam to individuals we support can do so using an approach which acknowledges the responsibilities and protects the rights of everyone. It should be used in conjunction with the organisational policy on Medication, Intimate Care and Moving and Handling Policy.

The Mungo Foundation aims to create a community spirit within each of its services, where trusting relationships can develop between staff and those who use the service. It is essential that the administration of Rectal Diazepam be carried out sensitively, protecting the dignity, respect, individuality, privacy and safety of each person.

2. **Guidelines**

Rectal Diazepam is prescribed for a minority of the individuals who require emergency treatment for seizures to prevent status epilepticus which can result in brain damage or death.

3. **What is Rectal Diazepam?**

Diazepam is a chemical name of a drug also marketed as Valium/Stesolid.

3.1 **Uses**

Seizures/convulsions, the effect of the drug is to depress the central nervous system to eliminate convulsions.

3.2 **Effects**

- Sedative;
- Anti – convulsive;
- Muscle relaxant.

3.3 **Side effects**

- Low blood pressure;
- Breathing Difficulty;
- Confusion.

As Rectal Diazepam may cause sedation and suppress breathing, the person must be closely watched until they have fully recovered.
Rectal Diazepam is supplied in a small tube with a nozzle, which is inserted into the individuals’ anus. This enables the drug to be rapidly and safely absorbed.

4. **Individuals we Support**

Each individual we support will have an Individual Care Plan, which forms a part of the organisation’s support plan. This plan is a confidential document and includes the following:

- Seizure classification and description;
- Indications for the use of Rectal Diazepam;
- Contraindications (if any);
- Initial dose;
- When a second dose can be given;
- When emergency assistance should be sought.

Each individual will also have a flashcard where their Rectal Diazepam is kept which will give staff key triggers before administering the Rectal Diazepam.

5. **Staff**

Staff can only administer Rectal Diazepam when they have been trained to do so by an approved trainer deemed by the organisation.

6. **Insurance**

Staff are covered by Employers’ Liability Insurance to administer Rectal Diazepam.

7. **Follow up Procedure**

- Incident recorded;
- General Practitioner visit if deemed necessary.

8. **Emergency Administration of Rectal Diazepam**

8.1 **Training Summary**

- Following epilepsy awareness training, the student will be given a practical demonstration using an anatomical model;
• Video footage and recap of information by questioning and discussion to include exploration of generalised tonic clonic seizures, which result in status epilepticus and GEC guidelines and management of the same;
• Ethical issues will be discussed where the trainer will pose questions, use scenarios to explore issues students may wish to raise (group work);
• Practical skills – trainer will affirm the use of Risk Assessment Care Planning, protocols/guidelines and organisational policies/procedures to include Medication/Rectal Diazepam, duty of care issues, health and safety issues i.e. moving and handling specific to persons confined to wheelchairs etc;
• Anatomical practice session where each student will relay verbally to the trainer, the checks they must do prior to administering Rectal Diazepam;
• The trainer cannot deem competence however the training and test will ensure staff have the knowledge and ability to give Rectal Diazepam in an emergency.

Follow on sessions on an annual basis must take place to ensure information and practice issues are up-to-date and that staff knowledge and confidence is reinforced regularly, that all documentation is in place and records reflect accurately specific protocols, guidelines and treatments for each individual.

9. Procedure Administration of Rectal Diazepam

9.1 Equipment
• Prescribed dose of Rectal Diazepam (check prescription before administering);
• Disposable gloves;
• Tissues/swabs/lubricant.

9.2 Administration
• Ensure compliance with treatment plan/guidelines;
• Explain procedure to client;
• Ensure privacy;
• Assist client onto left side if possible, both knees flexed, if possible one higher then other OR client can be placed on stomach with cushion under hips;
• Check prescription dose;
• Remove top of nozzle and lubricate;
• Insert nozzle into anus (if a child, the nozzle should be inserted up to the first mark). CHECK INSTRUCTIONS BEFORE USE;
• Always keep the tube/nozzle angled downwards during administration;
• Do NOT squeeze the tube before it has been inserted;
• When inserted, empty the tube by pressing with thumb and index finger;
• Keep pressing while withdrawing tube. Hold buttocks together for a few moments to prevent seepage.

10. Manual Handling for Clients Confined To Wheelchair

• Always use appropriate hoist;
• Take extra care if client is thrashing around;
• Use pillows and towels placed between limbs and hoist arm if required to stop injury, support head at all times where required;
• Maintain privacy and dignity throughout procedures;
• In a life threatening situation use emergency 4/5 person lift/slide to floor using manual handling techniques. Employ large beanbags/pillows, slide down in stages supporting clients head through move;
• If working alone use 999 for Emergency Services.

11. Staff Protocol for the Administration of Rectal Diazepam

Prior to administration, please ask yourself the following questions:-

• Am I appropriately trained to administer Rectal Diazepam? (If not, do not proceed);
• Are there any moving and handling issues that I should take into consideration before proceeding?
• Has an appropriate Risk Assessment been carried out?

For Information:-

Description of seizure(s) which would require Rectal Diazepam:

• Seizure lasting five minutes or longer;
• Cluster of seizures with or without gaining awareness (three or more in a ten minute time space);
• Reported seizure activity of five or more over a four hour period.
• This is not an exhaustive list.