

HEALTHCARE PROVIDER'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Authorizations are effective for one school year only and must be renewed annually.

Student's name _____ Birth date _____ Grade/Teacher _____

The above student is allergic to: _____

Previous episode of anaphylaxis: Yes No Potential for life threatening allergic reaction: Yes No

Asthmatic: Yes No *Higher risk for severe reaction

STEP 1 A: TREATMENT WHEN SCHOOL NURSE PRESENT

Symptoms	Give Checked Medication
If there is reasonable suspicion that the student has been stung or ingested the allergen, but NO symptoms	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Mouth - Itching, tingling	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Swelling of the lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Skin - Hives, itchy rash	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Gut - Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Throat - Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Lung - Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Heart - Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Other	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected) give	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

Dosage

Epinephrine: inject intramuscularly: EpiPen EpiPen, Jr. Other: _____

May repeat Epinephrine _____ minutes after 1st dose or as needed if symptoms continue to progress.

Antihistamine: give (medication, dose, route) _____

STEP 1B: TREATMENT BY DELEGATE WHEN NURSE NOT PRESENT

Yes No Epinephrine may be delegated to a trained volunteer.

***Please note- in the absence of a school nurse, a trained delegate will give epinephrine immediately for any symptoms and any antihistamine order will be disregarded**

STEP 1C: TREATMENT BY STUDENT (SELF-ADMINISTRATION)

This student has been trained and is capable of self-administration of the following medication(s) named above:

Epinephrine – single dose unit Epinephrine & Antihistamine – single dose units

*Under NJ state law, orders for antihistamine alone can not be self-administered

This student may NOT self-administer the above medication(s).

STEP 2

1. Call 911 immediately and state that student is having an anaphylactic reaction, then contact parent.
2. Begin CPR if pulse and breath are absent.
3. Make child as comfortable as possible until ambulance arrives.
4. **Child must be transported to emergency room by EMS, even if symptoms have resolved.**

Healthcare Provider's Signature _____

Date _____

Healthcare Provider's Stamp _____