ST JOHN REGIONAL CATHOLIC SCHOOL

AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS

This order is valid only for the current school year_____

*911 will be called while the student, health staff or school staff administers the epinephrine

Name:	*Date of Birth:*	*Grade:*

HEALTH CARE PROVIDER AUTHORIZATION

Administer Medication for the Following Allergen(s):

☐ insect sting/bite:_____ ☐ ingestion of:_____ ☐ contact with:_____

☐ unknown etiology (specify signs/symptoms): _____

Administer the Following Medication(s) Immediately:

☐ Epinephrine only
☐ Epinephrine and then adjunct medication(s)
☐ Adjunct medication(s) if no signs or symptoms are present:
- Call parent/guardian to pick up student from school and to follow up with HCP.
- Proceed with epinephrine if 1 or more of the following signs/symptoms is seen:

LUNG: *difficulty breathing, repetitive/hacking cough, audible wheezing*
THROAT: *itching and/or tightness of throat, difficulty swallowing*
MOUTH/FACE: *swelling and/or tingling of lips, tongue, mouth; swelling of eyes*
SKIN: *many hives over the body*
GUT: *diarrhea, stomach pain and/or cramping, vomiting*

- *A second dose of epinephrine will be administered in 5-10 minutes if EMS has not arrived.*

***NOTE: Parent/guardian must provide a second dose of epinephrine.*

Medication(s) Ordered:

Epinephrine:	*single dose auto-injector only*	☐ 0.15 mg ☐ 0.30 mg	IM
Adjunct Medication(s):	**Antihistamine** ☐ Diphenhydramine ☐_____	☐ 12.5 mg ☐ 50 mg ☐ 25 mg ☐_____mg	Oral
	Other ☐_____	☐_____	☐_____

☐ *Student is competent to self-carry emergency medications* ☐ *Student is competent to self-administer emergency medications*

Possible Medication Side Effects:
EPINEPHRINE: *palpitations, rapid heart rate, sweating, nausea and vomiting*
ANTIHISTAMINE: *drowsiness, sedation, sleepiness, dizziness, restlessness, hypotension, palpitations*
OTHER: _____

Health Care Provider Stamp

Health Care Provider's Name/Title: (please print)

Phone: Fax:

Address:

Health Care Provider's Signature: *Date:*

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order.

Primary Contact Phone: *2nd Phone:*

Parent/Guardian Signature: *Date:*

REGISTERED NURSE REVIEW / AUTHORIZATION

☐ *Student is competent to self-carry emergency medications* ☐ *Student is competent to self-administer emergency medications*

Registered Nurse Signature: *Date:*

FARE Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/ discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

_____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

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