

EVESHAM TOWNSHIP SCHOOL DISTRICT

PHYSICIAN’S ORDERS FOR EMERGENCY ALLERGY TREATMENT

To be completed by physician only

Student’s name _____ birth date _____ Grade _____

Allergen _____

Prior reactions (describe) _____

Documented episode of anaphylaxis ___yes ___ no

Other health conditions _____

Does this student have asthma? _____ (if yes, please complete Asthma Action Plan)

I. Treatment by Nurse when present

ANTI HISTAMINE: (drug, dose, route) _____

EPINEPHRINE (intramuscular injection):

(circle one) Epi Pen 0.3 mg Epi Pen Jr. 0.15mg Other _____

___ Give antihistamine and epinephrine at same time

___ Give antihistamine first, observe for further symptoms and give epinephrine PRN

___ Epinephrine may be repeated in _____ minutes

OTHER: (drug, dose, route) _____

For these Symptoms: _____ Give checked medication

Contact with allergen, but no symptoms	___ epinephrine	___ antihistamine
Skin- itchy rash, hives, swelling of face or extremities	___ epinephrine	___ antihistamine
Head/neck- itching, tingling, burning, swelling of lips or mouth, hoarseness, tightening of throat	___ epinephrine	___ antihistamine
Gut- abdominal cramps, nausea, vomiting, diarrhea	___ epinephrine	___ antihistamine
Lungs- repetitive cough, wheezing, shortness of breath	___ epinephrine	___ antihistamine
Heart- thready pulse, low BP, fainting, pale or bluish skin	___ epinephrine	___ antihistamine
Other _____	___ epinephrine	___ antihistamine

(over)

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II. Treatment by Delegate when Nurse not present

___ For suspected exposure to allergen(s) listed above, a **trained delegate** may immediately administer epinephrine and activate EMS

(circle one) EpiPen 0.3 mg EpiPen Jr. 0.15 mg

Twinjet 0.3 mg (autoinjector only) Twinjet 0.15 mg (autoinjector only)

Please note, in the absence of a school nurse, a trained delegate will give epinephrine only and any antihistamine order will be disregarded.

___ This student's order should not be delegated.

III. Self-Administration

This student has been trained in the purpose, proper technique of administration, and frequency of use and is capable of self-administration of the following medications as ordered above

- ___ epinephrine single-dose autoinjector
- ___ oral antihistamine only (single-dose unit)
- ___ epinephrine **and** oral antihistamine (single-dose units)

___ This student is not capable of self-administration of medications.

___ This child may sit at any table for lunch or snack.

___ Special accommodations are required for meals: _____

Physician's signature _____

Date _____

Office stamp or printed name and phone #

