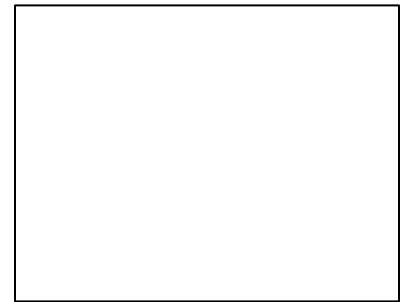


## Physician's Orders/Allergy Action Plan HANOVER TOWNSHIP SCHOOLS



Student's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Weight \_\_\_ lbs.

Allergy To: \_\_\_\_\_

Dr. \_\_\_\_\_ Asthmatic: Yes \_\_\_ No \_\_\_

(Print)

### STEP 1: TREATMENT

Teacher: \_\_\_\_\_

Symptoms:	Give checked medication** (physician authorizing treatment)
<b>If a food allergen has been ingested but no symptoms</b>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Mouth:</b> Itching, tingling, or swelling of lips	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Throat T:</b> Itching&/or tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Lung T:</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Heart T:</b> Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Other:</b> Feeling something bad is about to happen, anxiety, confusion	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Swelling of tongue or mouth T</b>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above affected) give	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

The severity of symptoms can quickly change. T Potentially life-threatening.

#### EPINEPHRINE

#### ANTIHISTAMINE

<input type="checkbox"/> Epi Pen 0.3 mg	<input type="checkbox"/> Epi Pen 0.15 mg	(Medication/Dose)
<input type="checkbox"/> Auvi-Q 0.3 mg	<input type="checkbox"/> Auvi-Q 0.15 mg	Time of Administration:

**\*\*Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.**

### Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

### STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Call Dr. \_\_\_\_\_ # \_\_\_\_\_.

3. Emergency contacts

Name/Relationship                      Phone Number(s)

A. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

B. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

#### TREATMENT BY DELEGATE WHEN A NURSE IS NOT PRESENT

P.L. 2007, c57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

**Please Note: Since delegates cannot administer an antihistamine, in the absence of a school nurse or when on a field trip, a trained delegate will give epinephrine only and any antihistamine order will be disregarded.**

#### TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one)

\_\_\_ Student is **NOT** capable of self-administration

\_\_\_ Student **IS** capable of self-administration has been instructed in its use & may carry an epinephrine auto-injector

Parent Signature /Date \_\_\_\_\_ Physician Signature/Date \_\_\_\_\_