

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT
AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS**

This order is valid only for the current school year _____ (Including Summer Session)

Epinephrine injections are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine injection will be administered by an FCPS employee. The employees are trained by a registered nurse to give the injection.

- **911 will be called** while the student, health staff or school staff administers the epinephrine.
- Prescription medication must be in a container labeled by the pharmacist or health care provider.
- Over-the-counter medication must be in the **original unopened container** with the label intact.
- Thoroughly review reverse side of form before completion.

Name of Student:	Date of Birth:
Allergies:	Grade:

HEALTH CARE PROVIDER AUTHORIZATION

Type: List name of medication	Dose: Check appropriate box(es)	Route: Check appropriate box(es)
Epinephrine: <i>(single dose auto-injector only)</i>	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.30 mg	<input type="checkbox"/> IM
Antihistamine 1x Dose: <i>(adjunct medication)</i>	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> _____mg	<input type="checkbox"/> Liquid <input type="checkbox"/> Melts <input type="checkbox"/> Tabs (tabs or strips)
Other Medication: <i>(adjunct medication)</i>	<input type="checkbox"/> _____mg	<input type="checkbox"/> _____

Yes No **Repeat epinephrine dose in _____ minutes if no response is seen and EMS has not arrived***
* Parent/guardian must provide second dose of epinephrine for school.

Medication to be Administered:

- Epinephrine only
- Epinephrine and then antihistamine _____ minutes after epinephrine.
 Proceed with other medication (if ordered above) _____ minutes after antihistamine.
- Antihistamine and then call parent/guardian to pick up student from school.
 Proceed with epinephrine if 1 or more of the following signs/symptoms is seen: difficulty breathing, chest tightness, audible wheezing, or itching, tingling, swelling of lips, tongue, and/or mouth.

Administer Medication:

- Immediately after insect sting/bite (specify): _____
- Immediately after the ingestion of (specify): _____
- Immediately after contact with (specify): _____
- Unknown etiology

Is student competent to self-carry epinephrine?

Yes No

Is student competent to self-administer epinephrine?

Yes No

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's Name/Title: (Type or 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 AUTHORIZATION

Is student competent to self carry epinephrine?

Yes No

Is student competent to self-administer epinephrine?

Yes No

RN Signature:

Date:

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS AND HEALTH CARE PROVIDERS

1. An acute allergic reaction can be a life-threatening situation. Completion of this form in its entirety is vital so that epinephrine can be administered and emergency care implemented.
2. If the student experiences an acute allergic reaction, FCPS personnel will dial 911 while the student/FCHD school health employees/or FCPS staff administers epinephrine. The parent/guardian will be notified.
3. The parent/guardian must pick the student up from school when an antihistamine is given without epinephrine. This action is for the safety of the student as the antihistamine side effects can decrease the awareness of anaphylaxis symptoms.
4. Epinephrine sent to school, must be labeled by a registered pharmacist with the name of the medication, the dose, the name of the health care provider, the name of the student, and directions for administration.
5. The parent/guardian must note the expiration date on the pharmacy label or over-the-counter container and provide a new medication prior to expiration date.
6. The registered nurse must review and approve these forms prior to administration.
7. Health care provider and registered nurse must indicate whether the student is competent to self administer and/or self carry, if needed.