Allergy/Anaphylaxis Physician's Orders

Student's Name: _____ DOB: _____ Teacher: _____

Symptoms	**Give Checked Medications**
▪ If food allergen has been ingested, but no symptoms	☐ Epinephrine ☐ Antihistamine
▪ Mouth itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
▪ Skin hives, itchy rash, swelling of face or extremities	☐ Epinephrine ☐ Antihistamine
▪ Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
▪ Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
▪ Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
▪ Weak or thread pulse, low blood pressure	☐ Epinephrine ☐ Antihistamine
▪ Other _____	☐ Epinephrine ☐ Antihistamine
▪ If reason is progressing (several of the above areas affected), give:	☐ Epinephrine ☐ Antihistamine

ALLERGY TO: _____

Asthmatic: ☐ YES* ☐ NO

*Higher risk for severe reaction

See reverse side for treatment plan.

Step 1: TREATMENT

Epinephrine: inject intramuscularly (check one):

- ☐ EpiPen
- ☐ EpiPen Jr
- ☐ Twinject 0.3 mg
- ☐ Twinject 0.15 mg

Antihistamine: Give _____
Medication/dose/route

Other: Give _____
Medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911. State an allergic reaction has been treated, and additional epinephrine may be needed.
2. Parent _____ Phone Number _____
3. Emergency Contacts:

Name/Relationship	**Phone Number**
_____	_____
_____	_____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY.

I give my permission for school staff to administer the medication(s) as prescribed above.

Parent/Guardian's Signature _____

Physician's Signature _____

Physician's Printed Name_____ Physician's Phone Number_____

SELF ADMINISTRATION OF ANAPHYLAXIS MEDICATIONS:
I HAVE INSTRUCTED THE STUDENT IN THE PROPER WAY TO USE HIS/HER ANAPHYLAXIS MEDICATION. IT IS MY PROFESSIONAL OPINION THAT HE/SHE SHOULD BE ALLOWED TO CARRY AND/OR SELF-ADMINISTRER THE MEDICATION WHILE ON SCHOOL PROPERTY OR SCHOOL RELATED EVENTS.

Physician's Signature _____