

Allergy/Anaphylaxis Physician's Orders

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

Symptoms

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

Give Checked Medications

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> 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 _____