

# Lake Stevens School District

## G1: Severe Allergy Medication Order



Student name: \_\_\_\_\_ Birth date: \_\_\_\_\_

***This section to be completed by a Licensed Healthcare Provider (LHP)***

➔ Student has severe allergy to: \_\_\_\_\_

When a school nurse is NOT AVAILABLE, trained staff will administer epinephrine without delay if there are any allergy symptoms or known ingestion as indicated in Student's Emergency Action Plan (EAP). If a student has symptoms or you suspect exposure (is stung, eats food he/she is allergic to, or exposed to something allergic to):

**Document time medications were given below and alert EMS when they arrive.**

EpiPen #1: \_\_\_\_\_

EpiPen #2: \_\_\_\_\_

Antihistamine: \_\_\_\_\_

Inhaler: \_\_\_\_\_

**1. Give EpiPen Auto-Injector** (our district **does not** have stock epinephrine):

0.3 mg

Jr. 0.15 mg

May repeat EpiPen Auto-Injector (if available) in 10-15 minutes if symptoms are not relieved or symptoms return and EMS has not arrived.

**2. Stay with student.**

**3. CALL 911 – Advise EMS that student has been given epinephrine.**

**4. Notify parents and school nurse.**

**5. After EpiPen Auto-Injector has been used, give Benadryl®:** Yes \_\_\_\_\_ (ml/mg/cc) **OR** antihistamine Yes \_\_\_\_\_ (ml/mg/cc)

**6. If student has history of asthma and is having wheezing, shortness of breath, chest tightness with allergic reaction:**

After EpiPen Auto-Injector and antihistamine, may give:

Albuterol 2 puffs (Pro-air®, Ventolin HFA®, Proventil®)

Other: \_\_\_\_\_

Levalbuterol 2 puffs (Xopenex®)

Albuterol/ Levalbuterol unit dose SVN (per nebulizer)

**7. A student given an EpiPen Auto-Injector must be monitored by medical personnel or a parent and may NOT remain at school.**

SIDE EFFECTS of medication(s):

Student may carry & self-administer EpiPen Auto-Injector +/- antihistamine

EpiPen Auto-Injector: \_\_\_\_\_

Student may carry & self-administer Inhaler

Antihistamine: \_\_\_\_\_

Student has demonstrated EpiPen Auto-Injector use in LHP's office

Albuterol/Levalbuterol: \_\_\_\_\_

Student has demonstrated inhaler use LHP's office

**Information required for District Food & Nutrition Services, per USDA Guidelines. If instructions are not clear, we will seek written clarification.**

**Specific "Food/Ingredient/Additive" to OMIT/RESTRICT during meal service:** \_\_\_\_\_

**Foods to be SUBSTITUTED (if applicable):** \_\_\_\_\_

May have baked goods with small amount of eggs

LHP Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Start date: \_\_\_\_\_ End date (not to exceed current school year): \_\_\_\_\_ Last day of school Other: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

- I request this medication to be given as ordered by the licensed health professional (LHP) (i.e.: doctor, nurse practitioner, PAC).
- I give health services staff permission to communicate with the LHP/medical office staff about his medication.
- I understand that any medication will not necessarily be given by a school nurse but may be given by trained and supervised school staff.
- Medical/medication information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.
- Student is encouraged to wear a medical ID bracelet identifying the medical condition.
- ➔ I request and authorize my child to carry and/or self-administer their medication. Yes No
- ➔ This permission to possess and self-administer any medication may be revoked by the principal/school nurse if it is determined that the student cannot safely and effectively self-administer.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Use by District Nurse Only**

Student has demonstrated to the nurse the skill necessary to use the medication and any device necessary to self-administer the medication.

Device(s) if any, used: \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

School nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_