

# Allergies/Anaphylaxis Physician Orders and Student Health Plan







Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_








**Parent/Guardian Authorization:** I authorize LESD to administer the prescribed medication ordered by my health care provider. I will provide the medication and equipment in the original pharmacy-labeled container. I approve the health plan as written. **Signature of parent/guardian:** \_\_\_\_\_

## HEALTH CARE PROVIDER TO COMPLETE ALL SECTIONS BELOW

**Student is allergic to:** \_\_\_\_\_

<p><b>Medication Ordered for Anaphylaxis</b></p> <input type="checkbox"/> Epinephrine Injectable 0.3 mg <input type="checkbox"/> Epinephrine Injectable 0.15 mg <input type="checkbox"/> Other med: _____ <input type="checkbox"/> Student needs assistance with epinephrine <input type="checkbox"/> Student has been instructed by me and may be allowed to self-carry and self-administer epinephrine	<p><b>Antihistamine ordered for Mild allergic reaction</b></p> <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> Other med: _____ <input type="checkbox"/> Student needs assistance with antihistamine <input type="checkbox"/> Student has been instructed by me and may be allowed to self-carry and self-administer antihistamine.
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 <b>NOSE</b> Itchy/runny nose, sneezing  <b>MOUTH</b> Itchy mouth  <b>SKIN</b> A few hives, mild itch  <b>GUT</b> Mild nausea/discomfort	<p style="text-align: center;"><b>MILD ALLERGIC REACTION</b> Requires MD order:</p> <p><b>Name of antihistamine</b> _____</p> <p><b>Dose</b> _____</p> <p><b>Frequency</b> _____</p> <p style="text-align: center;"><b>If symptoms worsen, give Epinephrine</b></p>
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<b>ANAPHYLAXIS</b>							
 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips	 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<p><b>OR A COMBINATION</b> of symptoms from different body areas.</p>

<p style="text-align: center;"><b>ANAPHYLAXIS—DO THIS</b></p> <ol style="list-style-type: none"> <li>1. Stop physical activity</li> <li>2. <b>Inject Epinephrine immediately.</b></li> <li>3. Call 9-1-1 and tell dispatcher student has Anaphylaxis and epinephrine was given.</li> <li>4. Notify school nurse and parent.</li> </ol>	<ol style="list-style-type: none"> <li>5. Stay with student. Lay student flat, elevate legs, and keep warm.</li> <li>6. If breathing is difficult, or student is vomiting, may allow to sit up or turn on side.</li> <li>7. If symptoms do not improve, or if symptoms return, <b>give a second dose of epinephrine after 5 minutes.</b></li> </ol>
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Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

(Physician stamp acceptable)