

**Monmouth County Vocational School District  
Physician's Orders for Allergy Emergency Treatment**

Student's

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Previous episode of anaphylaxis Yes  No

Asthmatic Yes\*  No  \*Higher risk for severe reaction

**\*\*To be determined by physician authorizing treatment**

◆ **STEP 1: TREATMENT** ◆

**Symptoms:**

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat † Tightening of throat, hoarseness, hacking cough
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness
- Other † \_\_\_\_\_

**Give Checked Medication\*\*:**

- EpiPen  Antihistamine
- EpiPen  Antihistamine
- EpiPen  Antihistamine
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● If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change. † Potentially life-threatening.

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen Jr. ® (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

- This student has been trained and is capable of self administration:  epinephrine—single dose  
 epinephrine and antihistamine—single dose unit

NO—This student may not self administer.

◆ **STEP 2: EMERGENCY CALLS** ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed) Please send Paramedic unit.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

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

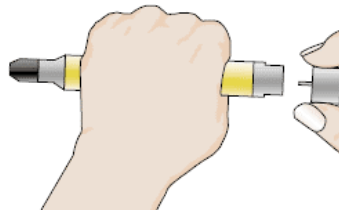
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

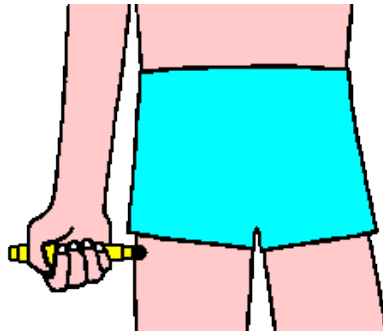
TRAINED STAFF MEMBERS	ROOM	LOCATION OF EPINEPHRINE
1. _____	_____	<input type="checkbox"/> Nurse office _____
2. _____	_____	<input type="checkbox"/> Principal office _____
3. _____	_____	<input type="checkbox"/> Student _____
4. _____	_____	<input type="checkbox"/> Classroom _____
5. _____	_____	<input type="checkbox"/> Other _____

### EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. (Can be given through clothing if necessary)
4. Once EpiPen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.