

**Howard County Public Schools
EpiPen Order Form/Care Plan**

39513036

Medication Form for Students with Allergic Reactions - To be completed by physician/authorized prescriber

Name: _____ Gender: M F School/Grade: _____ DOB: _____

Student Allergies: _____

Known Triggers: Ingestion Touch Sting Other (list) _____

Date of Order: _____ Order Expires End of School Year **OR** (list date): _____

Order Valid for Current Year including Summer School (check box if applies)

Physician/Prescriber Signature: _____ Phone: _____

Physician/Prescriber: Print Name _____ Fax _____

Parent/Guardian Signature: _____ Phone: _____

Parent/Guardian: Print Name _____ Cell Phone _____

EpiPen Order

EpiPen Dose: (Circle one) .15mg 30mg

Student is able to self-administer: YES NO

Student may carry EpiPen on self: YES NO

(A back-up EpiPen must be kept in Health Room)

Date EpiPen Expires: _____

Possible Side Effects: _____

Oral Medication Order

Medication: _____

Dose: _____ Strength: _____

Frequency: _____

Date Medication Expires: _____

Possible Side Effects: _____

Student
Photo

Administration Choices (please check all that apply):

Administer _____ (oral medication) _____ for known or possible ingestion/touch/sting/other (list) _____

Prior to onset of symptoms

If student develops hives, rash, itchy mouth or other symptom(s) (list) _____

After EpiPen is given

Give EpiPen for known or possible ingestion/touch/sting/other _____ of _____

Prior to onset of symptoms

At first sign of any symptoms (see back for list)

Only if student develops throat/lung/heart symptoms or if two or more body systems are involved (see back for list)

Other Instructions: _____

Student Name: _____ Date: _____

Anaphylaxis Symptoms (by body systems)

Mouth/Nose	Throat	Gastrointestinal
<ul style="list-style-type: none"> • Itching &/or swelling of lips, mouth or tongue • Nasal congestion • Runny, sniffing nose • Sneezing 	<ul style="list-style-type: none"> • Itching/tightness in throat • Sore throat; throat clearing • Hacking cough • Hoarseness 	<ul style="list-style-type: none"> • Nausea • Vomiting • Abdominal cramps • Diarrhea

**** Call 911 as soon as symptoms of anaphylaxis are observed and the need to administer the EpiPen has been determined**

**** Call parent after administering EpiPen and contacting EMS services.**

Skin	Lungs	Heart (cardiac)
<ul style="list-style-type: none"> • Hives/wheals covering large areas of the body • Itchy, red skin/rash • Perception of feeling itchy all over • Flushing, itching, burning • Swelling, especially on face/chest 	<ul style="list-style-type: none"> • Difficulty breathing • Chest tightness/pain • Cough • Wheezing • Shortness of breath 	<ul style="list-style-type: none"> • Dizziness, fainting • Shock (drop in blood pressure, thready pulse) • Palpitations • Unconsciousness

- INSTRUCTIONS TO GIVE EPIPEN:**
1. Identify student.
 2. Remove gray/blue safety cap.
 3. Place black/orange tip against outer thigh
 4. Push firmly until you hear injector function (click). Hold in place 10 seconds.
 5. Monitor student -Initiate CPR if necessary.
 6. Begin CPR if necessary.

Oral Medication Administration

(Medication)	(Dose)	administered on _____ at _____ (Date)	for _____ (Time)	Symptoms/Reasons	Signature
(Medication)	(Dose)	administered on _____ at _____ (Date)	for _____ (Time)	Symptoms/Reasons	Signature
(Medication)	(Dose)	administered on _____ at _____ (Date)	for _____ (Time)	Symptoms/Reasons	Signature

EpiPen .15mg or .30mg (circle one) was administered on _____ (date) at _____ (time) in _____ R L (circle one) thigh.

by _____ Signature _____ Title _____

Medication _____ Dose _____ was administered on _____ Date _____ at _____ Time _____ by _____ Signature/Title _____