Gloucester Catholic High School EMERGENCY HEALTH CARE PLAN FOR ALLERGIC REACTION

SECTION I. PHYSICIAN'S ORDERS FOR EPINEPHRINE AUTO-INJECTOR (Please print)

(The second sec		
Student name	DOB_	
Specific allergy requiring use of epinephrine auto-its this student asthmatic? [] yes [] no This student's previous symptoms of anaphylactic [] Swelling (eyes, face lips, tongue) [] Thready pulse, fainting, pale [] Shortness of breath, repetitive coughing, wheez [] Panic, fear of impending doom [] Hoarseness, tightening of throat, difficulty swall [] Cold, clammy, sweaty skin [] Hives, itchy rash, swelling of face or extremitie [] Nausea, abdominal cramps, vomiting, diarrhea [] Unknown-(never had a reaction) [] Others (list)	reaction include: (c ing lowing s ×	check all that apply
Step 1a: TREATMENT BY SCHOOL NURS	•	DELEGATE
Epinephrine injected intramuscularly: (circle one)	Epi-pen Twinject 0.3 mg	EpiPen Jr Twinject 0.15 mg
Antihistamine: medication, dose, route (Please note: In accordance with P.L.2007: in the epinephrine alone will be administered by the tr	e absence of the so ained delegate)	chool nurse, the
Step 1b: TREATMENT BY STUDENT (SEL Student understands the purpose, proper technique of use of the medication above. This student has be administration of the following medication(s): []	of administration a een trained and is c	nd frequency
[] Epinephrine-single dose unit [] Epineph *Under NJ state law, orders for antihistamine a		
Physician signature	Date	
Print physician nameAddress		
Phone		

Step 2: EMERGENCY CALLS: Call 911. State that a student is having an allergic/anaphylactic reaction and request paramedics transport student to hospital. Then contact parent/guardian.

SECTION II: To be c	ompleted by parent/gua	rdian:		
Mother: Home phone		Work phone		
	Cell phone	_	Pager	
Father	Home phone		Work phon	e
	Cell phone		Pager_	
Other emergency conta	ct:			•
Name	Relationship	p		
Home phone		work pin	one	
Cell phone		Pager		
 I/We have reviewed 	N (Please initial each ito the written orders of our inephrine auto-injector sh n to	physician with nould our son/d	regard to	
by the student if approvent school. (These must be	de 2 Epinephrine auto injected to self administer, the labeled by pharmacy with school nurse assigning ar	other will be k th student's nar ×	ne, physic Yes	ian's name) No
administer the epinephi event that our child is n to self administer, he/sl son/daughter will be im EMS after administration	rine auto injector during s not approved by his/her pl ne is unable to do so and to nmediately transported to on of epinephrine.	school and at so hysician to self the nurse is not the nearest hos	administer available. pital emer	ities, in the c, or if approved Our gency room by
it is his/her responsibilition both in school, on school its original prescription the school building and understand that EMS was 1. I/We acknowledge the shall be held harmless.	It if our student is approve ty to have the epinephrin ol trips and other school a container. If the need ari lour child does not have to vill be called immediately that GCHS, its employees against any claims that m	e auto injector activities. The rises for use of the auto-injector and agents sharp arise relating	with minute medication he auto inj or with him Yes ill incur no g to the add	is to be kept in ector outside /her, we No
supervision, training, 0	r self administration of m	edication.	Yes	Date