

# FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT

## AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS

This order is valid only for the current school year \_\_\_\_\_ (Including Summer Session)

*Epinephrine auto-injectors are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine auto-injector will be administered by an FCPS employee. These employees are trained by a registered nurse to give the injection.*

**911 will be called** while the student, health staff or school staff administers the epinephrine.

**Carefully review the reverse side of this form before completion.**

<b>Name:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
<b>HEALTH CARE PROVIDER AUTHORIZATION</b>		
<b>Administer Epinephrine for exposure to the Following Allergen(s):</b>		
<input type="checkbox"/> insect sting/bite: _____ <input type="checkbox"/> ingestion of: _____ <input type="checkbox"/> contact with: _____		
<input type="checkbox"/> unknown etiology (specify signs/symptoms): _____		
<b>When to administer Epinephrine:</b>		
<input type="checkbox"/> Administer Epinephrine immediately. Do not wait for signs or symptoms.		
<b>OR</b>		
<input type="checkbox"/> Administer Epinephrine <b>if 1 or more of the following signs/symptoms is seen:</b>		
<b>NOTE: Parent/guardian will be notified to pick up student if exposure has occurred without symptoms.</b>		
LUNG: <i>difficulty breathing, repetitive/hacking cough, audible wheezing</i>		
HEART: <i>pale or bluish skin, faintness, dizziness</i>		
THROAT: <i>itching and/or tightness of throat, difficulty swallowing</i>		
MOUTH/FACE: <i>swelling and/or tingling of lips, tongue, mouth; swelling of eyes</i>		
SKIN: <i>many hives over the body</i>		
GUT: <i>diarrhea, vomiting, severe stomach pain and/or cramping</i>		
A second dose of epinephrine will be administered in 5-10 minutes if EMS has not arrived and symptoms continue without improvement, worsen, or resolve/ lessen and then return. <b>**NOTE: Parent/guardian must provide a second dose of epinephrine.</b>		
<b>Epinephrine Dosage Ordered:</b>		
<b>Epinephrine Auto Injector</b> (single dose injector only)	<input type="checkbox"/> 0.15 mg	IM
	<input type="checkbox"/> 0.30 mg	IM
<input type="checkbox"/> Student is competent to self-carry an Epinephrine Auto-injector		<input type="checkbox"/> Student is competent to self-administer an Epinephrine Auto-injector
<b>Possible Epinephrine Side Effects:</b> <i>palpitations, rapid heart rate, sweating, nausea and vomiting</i>		Health Care Provider Stamp
OTHER: _____		
<b>Health Care Provider's Name/Title:</b> (please print)		
Phone: _____	Fax: _____	
Address: _____		
<b>Health Care Provider's Signature:</b>		<b>Date:</b>
<b>PARENT/GUARDIAN AUTHORIZATION</b>		
I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order.		
<b>Primary Contact Phone:</b>		<b>2<sup>nd</sup> Phone:</b>
<b>Parent/Guardian Signature:</b>		<b>Date:</b>
<b>SCHOOL REGISTERED NURSE REVIEW/AUTHORIZATION</b>		
<input type="checkbox"/> Student is competent to self-carry Epinephrine Auto-injector		<input type="checkbox"/> Student is competent to self-administer Epinephrine Auto-injector
<b>Registered Nurse Signature:</b>		<b>Date:</b>

## IMPORTANT INFORMATION

### For Parents/Guardians and Health Care Providers

***An acute allergic reaction can be a life-threatening situation. Epinephrine is an emergency medication that can be used in the event of a life threatening situation. Completion of this form is vital so that epinephrine can be administered and emergency care implemented.***

1. Medications:

***For the safety of all students and staff, only single dose auto-injectors will be accepted to reduce the potential for unintentional injury from needle sticks.***

- a. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route of administration, directions for administration, conditions for storage, prescription date and expiration date. *Maryland law allows prescription medication to be used only for 1 year beyond date of issue or until expiration date indicated on the medication—whichever comes first.*

2. Parent/guardian responsibilities:

- a. Provide a new medication prior to the expiration date on the pharmacy label.
- b. Provide the medication(s) for the duration of the order.
- c. Bring the medication to school. FCPS regulation 400-23 states that students are not permitted to transport medications, unless authorized by the Healthcare Provider and school registered nurse to self-carry.
- d. Retrieve any unused or discontinued medication(s). No medications will be sent home with students.

3. Student Self-Carry and/or Self-Administer Epinephrine Auto-Injector:

- a. The health care provider and school registered nurse must indicate whether the student is competent to self-administer and/or self-carry, if needed.
- b. If the student is determined to be capable of and responsible for self-administration, the principal and school registered nurse shall establish procedures for self-administration of medication by the student. The capability is to be determined collectively by the principal, school registered nurse, parent/guardian and child's health care provider. The principal may revoke the authority of a student to self-administer medication if the student endangers himself or herself or another student through misuse of the medication.
- c. If competent to self-carry and/or self-administer, the registered nurse will work with the student and parent/guardian to develop a Plan for Medication/Treatment Management Outside the Health Room.

4. The school registered nurse must review and approve these forms prior to administration.