Wallingford Schools Anaphylaxis/Allergy Medication Order: Food, Insect, or Latex

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes and Youth Camps administering medication to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization (s) and medications before any medication administration, and the date of the prescription. Authorized prescriber, (Physician, Dentist, Optometrist, Advanced Practice Registered Nurse, or Physicians' Assistant and for interscholastic and intramural sports only, a podiatrist.

Medication orders are good for school year and summer program 20 to 20							
Student	Name	DC)B				
☐ History of Anaphylaxis		☐ History of Asthr	☐ History of Asthma		☐ Medication Allergy		
KNOWN	LIFE-THREATENING ALL	.ERGIES:					
0	PEANUTS TREE NUTS BEE STINGS	□ MILK □ EGGS □ LATEX		SOY WHEAT			SHELLFISH FISH
	OTHER:				-		
	CALL 911 for tra	chycardia Other:ansport and evaluation to e	emergeno	cy departm	ent if Epine	phrine	administered
	er's Authorization for Self-C			Yes	No		
Prescriber's Authorization for Self-Admir Student demonstrates knowledge of self		• • • •	•	Yes Yes,	No No		
Health C	are Provider Signature	Date	Stam	nped or Print	ted Name		Phone Number
Permissi qualified health ca treatmen school or	on to have the above ordered school personnel. I authorize are provider and school nurse	nd agree with the above protocol. I medication to be administered by tracommunication between the prescril necessary for the safe implementation ect. I understand that I must supply prescribed. Date	ained bing on of this	medication: (d		es N	

***School nurse or designee to fax 911 report to primary care provider if epinephrine administered

School nurse completes this medication information for field trips

Drug:	Dose:
Time:	Route:

Special Instructions:

Self administer (Circle One) NO YES if yes student must have medication with them.

Medication Emergency Plan:

Call 911 for any health emergency and anytime an EpiPen/Glucagon/Diastat is administered.

Call Poison Control at 1-800 – 222-1222 for poison or ingestion emergency

Recognize and Respond to Anaphylaxis

SEVERE SYMPTOMS FOR ANY OF THESE SYMPTOMS - INJECT EPIPEN IMMEDIATELY			MILD SYMPTOMS - FOR MORE THAN ONE OF THESE SYMPTOMS - INJECT EPIPEN IMMEDIATELY			
LUNG:	Short of breath, wheezing, repetitive cough	NOSE:	Itchy or runny nose, sneezing			
HEART:	Pale or bluish skin, faintness, weak pulse, dizziness	MOUTH:	Itchy mouth			
THROAT:	Tight or hoarse throat, trouble breathing or	SKIN:	A few hives, mild itch			
MOUTH:	Significant swelling of the tongue or lips	GUT:	Mild nausea or discomfort			
SKIN:	Many hives over body, widespread redness					
GUT:	Repetitive vomiting, severe diarrhea					
OTHER: confusion	Feeling something bad is about to happen, anxiety,					

- CALL 911
- Request ambulance with epinephrine
- Consider Additional Meds if Ordered

Next Steps:

- Lay person flat and raise legs. If breathing is difficult let them sit up.
- If symptoms do not improve, or return more doses of epinephrine can be given about 5 minutes or more after the last dose.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.