

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 devices are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine device will be administered by an FCPS employee. These employees are trained by a registered nurse to give the epinephrine device.

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.

Name:	Date of Birth:	Grade:
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HEALTH CARE PROVIDER AUTHORIZATION

Administer Epinephrine for exposure to the following Allergen(s):

- ☐ insect bite/sting: _____
 ☐ ingestion of: _____
 ☐ contact with: _____
☐ inhalation of: _____
 ☐ unknown etiology (specify signs/symptoms): _____

When to administer Epinephrine:

- ☐ Administer Epinephrine immediately. Do not wait for signs or symptoms.

OR

- ☐ Administer Epinephrine if **1 or more of the following signs/symptoms is seen:**

NOTE: Parent/guardian will be notified to pick up student if exposure has occurred without symptoms.

LUNG: difficulty breathing, repetitive/hacking cough, audible wheezing

HEART: pale or bluish skin, faintness, dizziness

THROAT: itching and/or tightness of throat, difficulty swallowing

MOUTH/FACE: swelling and/or tingling of lips, tongue, mouth; swelling of eyes

SKIN: many hives over the body

GUT: diarrhea, vomiting, severe stomach pain and/or cramping

****NOTE: Parent/guardian must provide a second dose of epinephrine.**

Epinephrine Dosage Ordered:

- ☐ **Epinephrine Auto Injector (single dose injector only)**

****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.**

☐ 0.15 mg

☐ 0.3 mg

IM

- ☐ **Epinephrine Nasal Spray (NEFFY) (single dose nasal spray only)**

****A second dose of epinephrine will be administered in 5 minutes if EMS has not arrived and symptoms continue without improvement, worsen, or resolve/ lessen and then return.**

☐ 1mg

☐ 2mg

Intranasal

- ☐ Student is competent to self-carry an Epinephrine Device

- ☐ Student is competent to self-administer an Epinephrine Device

Possible Epinephrine Side Effects: palpitations, rapid heart rate, sweating, nausea and vomiting.
OTHER:

Health Care Provider stamp

Health Care Provider's Name/Title: (please print)

Phone: _____ Fax: _____

Address: _____

Health Care Provider's Signature:

Date:

PARENT/GUARDIAN AUTHORIZATION

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.

Primary Contact Phone:

2nd Phone:

Parent/Guardian Signature:

Date:

SCHOOL REGISTERED NURSE REVIEW/AUTHORIZATION

- ☐ Student is competent to self-carry an Epinephrine Device

- ☐ Student is competent to self-administer an Epinephrine Device

Registered Nurse Signature:

Date:

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 devices will be accepted

- 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 device:

- 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.