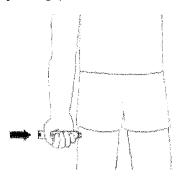
ame:		D.O.B.:
lergy to:		
eight:lbs. Asthma: 🗆 Yes (higher ri		
pes student have a documented incident of anaphyl	axis? Tye:	S □ No
Extremely reactive to the following:		
Therefore:		
Give epinephrine immediately for <b>ANY</b> symptoms	if there was c	a likely exposure.
Give epinephrine immediately if there was exposu		
therwise:		
Any SEVERE SYMPTOMS after suspected or known		1. INJECT EPINEPHRINE IMMEDIATELY
exposure:		2. Call 911
		3. Begin monitoring (see box on
One or more of the following:		back page)
LUNG: Short of breath, wheeze, repetitive cough	at the second	4. Give additional medications.*
HEART: Pale, blue, faint, weak pulse, dizzy, confuse		(If ordered)
HROAT: Tight, hoarse, trouble breathing/swallowing	3	-Antihistamine
AOUTH: Obstructive swelling (tongue and/or lips) KIN: Many hives over body		-Inhaler (bronchodilator) if asthma
The many hires over body		/
Or <b>combination</b> of symptoms from different body		*Antihistamine & inhalers/bronchodilators
areas:	-	are not to be depended upon to treat a
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lip	s)	severe reaction (anaphylaxis). USE
GUT: Vomiting, crampy pain	in the state of th	EPINEPHRINE.
		1. GIVE ANTIHISTAMINE
MILD SYMPTOMS ONLY:	lN	2. Stay with student; alert healthcare
MOUTH: Itchy mouth		professional and parent
SKIN: A few hives around mouth/face, mild itch		/ 3. Dismiss student to care of parent
GUT: Mild nausea/discomfort		or guardian
		4. If symptoms progress (see above), USE EPINEPHRINE
edication/Doses:		OSE ELINETTIMAL
oinephrine: 🗌 0.15mg <b>or</b> 🗍 0.3mg 🗎 May re	peat dose in	15 minutes if symptoms continue.
ntihistamine:		
ther (e.g., inhaler-bronchodilator if asthmatic):		
ease note that by NJ state law only the administration of $\epsilon$	epinephrine co	in be delegated to non-nursing school staff.
Self-Administration:		
I have instructed the above student in the prope	r administrati	on of eninephrine/antihistamine. It is my
opinion that he/she is capable of self-administration.		
he/she has administered epinephrine/antihistamine.		
	OR	
It is my opinion that the above student is not cap	cable of self-	administration.
tautanta Dantau		Diversity
ontacts: Doctor:		
arent/Guardian:		
Other Emergency Contact:		
		Doctor's Office Stamp
Parent/Guardian Signature	Date	
Healthcare Provider Signature	Date	

## EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine)
   Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



Hold orange tip near outer thigh (always apply to thigh)



 Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.



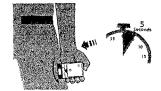
EpiPen', EpiPen 2-Pak', and EpiPen Jr 2-Pak' are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q<sup>™</sup> (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.





Place black end against outer thigh, then press firmly and hold for 5 seconds.



© 2002-2013 sanoff-avent(s U.S. LLC. All rights reserved

Adrenaclick<sup>®</sup> 0.3 mg and Adrenaclick<sup>®</sup> 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

## Monitoring

Stay with student; alert healthcare professionals and parent. Note time when epinephrine was administered and tell EMS. Give used epinephrine auto-injector to EMS for safe disposal. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See above for auto-injection technique.



## PUBLIC SCHOOLS OF **Pemberton Township**

One Egbert Street, Pemberton, NJ 08068 Phone: 609-893-8141

## **Delegation of Epinephrine**

(Permission to train qualified school personnel to administer epinephrine in the absence of the school nurse)

I acknowledge that my child	has a history of an allergic
I acknowledge that my child	ere, life threatening allergic reaction
toas documented by Dr	·
In accordance with State Law 18A:40-12.5, I give per delegate the administration of epinephrine to my child immediately available. A copy of my child's Anaphy Plan will be shared with the delegate(s).	I when the school nurse is not
If you choose not to allow the school to train and a will not be allowed to participate in after school clunurse may not be present.	•
I understand that the district and its employees or ager of any injury arising from the administration of the ep auto-injector mechanism; and shall indemnify and hol employees or agents against any claims arising out of a pre-filled auto-injector mechanism.	inephrine via a pre-filled dharmless the district and its
State law mandates that once epinephrine has been transported to a hospital by emergency services pe	
Signature of Parent/Guardian	Date
Signature of School Nurse	