



Administration of Epinephrine to a Student by a Delegate

In accordance with New Jersey Law P.L 2007, Chapter 7, the Mount Laurel Township Board of Education policy on the administration of medication to a pupil provides that the school nurse shall have the primary responsibility for the administration of epinephrine. The school nurse shall designate, in consultation with the Board of Education additional employees of the school district who volunteer to administer epinephrine via a pre filled auto-injector mechanism to a pupil for anaphylaxis when the nurse is not physically present at the scene. The school nurse shall determine that:

- a. The designees have been properly trained in the administration of the epinephrine via a pre-filled auto injector mechanism.
- b. The parents or guardians of the pupil consent in writing to the administration of the epinephrine by a designee.
- c. The Board of Education shall inform the parents or guardians of the student in writing that the district and its employees shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- d. The parents or guardians of the student sign a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector to a student and that the parents or guardians shall indemnify and hold harmless the district and its employees any claims arising out of the administration of the epinephrine to a student.
- e. The permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

The permission form on the reverse side is for permission for a delegate to administer epinephrine via auto-injector to the designated student. There is a separate form that must be completed to allow the school nurse or her substitute to administer the epinephrine. This second form allowing the nurse to administer the epinephrine also allows for administration of an antihistamine, if so ordered by a physician and approved by the parent/guardian. A delegate **MAY NOT administer an antihistamine (i.e. Benadryl).**

Medications must be brought to school in the original labeled pharmacy container by an adult. The epinephrine auto-injectors will be stored in a secure unlocked location, easily accessible to the nurse and school delegates while school is in session and during school sponsored functions.

****SEE REVERSE SIDE FOR DELEGATE PERMISSION FORM****

Medication Permission for Administration of Epinephrine by a Delegate

****Please note that a delegate may NOT give an antihistamine, therefore the physician's order must note the specific symptoms and/or events (i.e. ingestion of peanut) as to when the delegate should administer the epinephrine****

School Year _____

Class _____

Name of Student: _____ D.O.B. _____

Student is allergic to: _____

Student is asthmatic: Yes No

Check off the appropriate times the delegate should administer epinephrine in the dose indicated below. (This must be completed for delegate order to be in effect.)

If a food allergen has been ingested, but no symptoms. Name the allergen(s):

If stung or bitten by an insect, but no symptoms. Name the allergen(s):

Mouth: itching, tingling, swelling of lips, tongue, mouth

Skin: hives, itchy rash, swelling of the face and/or extremities

Throat: tightening of throat, hoarseness, hacking cough

Gut: nausea, abdominal cramps, vomiting, diarrhea

Lung: shortness of breath, repetitive coughing, wheezing

Heart: thready pulse, fainting, pale, blueness

Other: _____

Epinephrine (Brand/Dose) _____

Possible side effects: _____

After administration of epinephrine, the delegate will: call 911 and monitor patient until EMS arrives.

NAME OF PHYSICIAN (PRINTED)

SIGNATURE OF PHYSICIAN

TELEPHONE NUMBER OF PHYSICIAN

DATE

I hereby give permission for my child's delegate(s) to administer the above medication to my child named above. I shall provide this medication in its original container, properly labeled from the pharmacy/store. I release the Mt. Laurel Township Board of Education and its employees from any liability concerning the administration of such medication to my child.

PARENT/GUARDIAN SIGNATURE

DATE

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

[] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	<p>OR A COMBINATION of symptoms from different body areas.</p>

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____
