

PHYSICIAN ORDERS to be completed by the PHYSICIAN

STUDENT NAME: _____ D.O.B.: _____ GRADE: _____ DATE: _____

ALLERGY TO: [] PEANUT [] TREE NUTS [] FISH [] SHELLFISH [] SOY [] WHEAT
[] MILK/DAIRY: [] ANY FORM OR [] CAN BE EATEN IF BAKED/COOKED
[] EGG: [] ANY FORM OR [] CAN BE EATEN IF BAKED/COOKED
[] OTHER: _____

ASTHMA: [] YES [] NO Check IF student takes: [] Beta-Blocker [] Ace Inhibitor [] Alpha-Blocker

Can this student safely eat in the school cafeteria? [] YES [] NO

An allergy safe table is provided at school. For this student's health/ safety, eating at this table is: [] Mandatory [] Not Required

This student is EXTREMELY reactive to the following foods: _____ THEREFORE, if checked:

- [] Give Epinephrine immediately for ANY symptoms if the allergen was LIKELY eaten.
[] Give Epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are noted.

OR

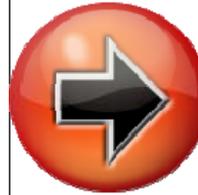
If student has any SEVERE SYMPTOMS after suspected or known ingestion: ONE or MORE of the following:

- LUNG: Short of breath, wheeze, repetitive cough
-HEART: Pale, blue, faint, weak pulse, dizzy, confused
-THROAT: Tight, hoarse, trouble breathing/swallowing
-MOUTH: Obstructive swelling (tongue and/or lips)
-SKIN: Many hives over body

OR

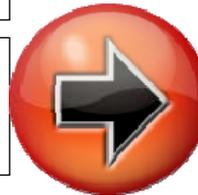
COMBINATION of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
-GUT: Vomiting, diarrhea, cramping pain



1. INJECT EPINEPHRINE IMMEDIATELY

- 2. Call 9 1 1.
3. Begin monitoring (see box below).
4. Give additional medications:
Antihistamine
Inhaler (bronchodilator)
**Antihistamines & bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE Epinephrine.



1. GIVE ANTIHISTAMINE

- 2. Stay with student; call parent and physician.
3. If symptoms progress (see above), INJECT EPINEPHRINE.
4. Begin monitoring (see box below).

MEDICATIONS/DOSES:

- 1. Epinephrine (brand & dose) _____
2. Antihistamine (brand & dose) _____
3. Other (e.g., inhaler-bronchodilator, if asthmatic) _____

MONITORING

Stay with student; contact parent and physician. Inform 9 1 1 dispatcher that Epinephrine was given and the time given. Request an ambulance with Epinephrine. Treat student even if parent cannot be reached. Keep student lying on back with lower legs/feet elevated.

It is HSE's school procedure, if Epinephrine is given, 911 will be called and the student will be transported to the emergency room for evaluation.

I have reviewed the Emergency Action Plan as completed above with the parent/guardian and they understand the orders as written for Hamilton Southeastern Schools.

Physician Signature _____ /Printed _____ Date _____

Physician's office phone number _____

Parent/Guardian Signature _____ /Printed _____ Date _____