

**KENT SCHOOL DISTRICT****Licensed Health Care Provider (LHCP) Medication/Special Nursing Care Orders and Health Action Plan**

<b>Student Name:</b>		Birthdate:		Student #	
School:		Grade/Teacher:		Transportation:	
Date of Last Reaction		<b>Type of Allergy:</b>			
<b>Epinephrine kept in:</b>	Health room	Backpack	On Person	Coach	Other: _____

**SYMPTOMS OF ANAPHYLAXIS**

The severity of symptoms can quickly change. All the symptoms below can potentially progress to a life-threatening situation.

<b>MOUTH</b>	Itching, tingling and/or swelling of the lips, tongue or mouth	<b>SKIN</b>	Flushing, Hives, itchy rash, and/or swelling about face, upper chest or extremities
<b>THROAT</b>	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough, trouble breathing	<b>LUNG</b>	Shortness of breath, difficulty breathing, repetitive coughing, and/or wheezing
<b>HEART</b>	"Thready" (faint, weak) pulse, "passing out," fainting, dizziness, pale and/or blue, confused	<b>GUT</b>	Nausea, stomachache/abdominal cramps, vomiting and/or diarrhea
<b>GENERAL</b>	Panic, sudden fatigue, chills, fear of impending doom	<b>OTHER</b>	

**MEDICATION ORDERS – LICENSED HEALTH CARE PROVIDER TO COMPLETE**

If student has any of the above symptoms or exposure to above allergen – GIVE:

**0.3mg Epinephrine      0.15mg Epinephrine**

Time/Frequency

Side Effects: \_\_\_\_\_

**In Addition to Epinephrine Give:**

*Antihistamine/Other*

Medication	Dosing (cc/mg)	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: \_\_\_\_\_

*Other: (e.g inhaled bronchodilator if asthmatic)*

Medication	Dosing	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: \_\_\_\_\_

**For Mild Symptoms and no suspected exposure the following medication may be given after consultation with the school nurse (RN). If symptoms do not resolve or increase, epinephrine will be given as ordered above:**

*Antihistamine/Other*

Medication	Dosing (cc/mg)	Route	Time/Frequency
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**KENT SCHOOL DISTRICT**  
**SPECIAL NURSING CARE/MEDICAL TREATMENT/MEDICATION PROCEDURE**

Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.

**PROCEDURES**

**8.0**

Allergy Specific

Student's Name: \_\_\_\_\_

**Individual Considerations (To be completed or reviewed by parent/guardian):**

Emergency Contact	Home	Cell	Work	Email

**\*\*\*STAFF ACTION PLAN\*\*\***

- 1. GIVE MEDICATION AS ORDERED ON PREVIOUS PAGE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES**
- 2. \*NOTE TIME \_\_\_\_\_ AM/PM (Epinephrine/Adrenaline given) \*NOTE TIME \_\_\_\_\_ AM/PM (Antihistamine given)**
- 3. CALL 9-911 IMMEDIATELY. 911 must be called WHENEVER Epinephrine is administered.**
- 4. DO NOT HESITATE to administer Epinephrine and to call 911 even if the parents cannot be reached.**
- 5.**

This Emergency Action Plan (EAP)/IHP will be distributed to those school staff "who need to know". (school nurse to circle all that apply) Distribution may occur electronically. Parent Teacher/Sub file Office Librarian Counselor Student Services Transportation Principal Other: \_\_\_\_\_

This IHP serves as 504

Kent School District Nursing Services 03/2021

Allergy Specific

## EPIPEN® and EPIPEN® JR. Directions

1. Pull off blue activation cap.
2. Hold orange tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto

## GENERIC Epinephrine Injector

1. Pull off end of cap with the (1). You will now see a RED tip. Never put thumbfinger, or hand over the RED tip.
2. Pull off end cap with the (2).
3. Put the RED tip against the middle of the outer side of

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