



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 reaction; which may lead to anaphylaxis; a rapid, severe, life threatening allergic reaction to _____ as documented by Dr. _____.

In accordance with State Law 18A:40-12.5, I give permission for the school nurse to delegate the administration of epinephrine to my child when the school nurse is not immediately available. A copy of my child's Anaphylaxis Individual Emergency Care Plan will be shared with the delegate(s).

If you choose not to allow the school to train and assign a delegate, then your child will not be allowed to participate in after school clubs or activities when a school nurse may not be present.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the epinephrine via a pre-filled auto-injector mechanism.

State law mandates that once epinephrine has been administered the student must be transported to a hospital by emergency services personnel.

Signature of Parent/Guardian _____ Date _____

Signature of School Nurse _____

Anaphylaxis Individual Emergency Care Plan – Pemberton Township Public Schools

Name: _____ D.O.B.: _____

Allergy to: _____

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

Does student have a documented incident of anaphylaxis? Yes No

Extremely reactive to the following: _____

Therefore:

Give epinephrine immediately for **ANY** symptoms if there was a likely exposure.

Give epinephrine immediately if there was exposure to the allergen, **even if no symptoms are noted.**

Otherwise:

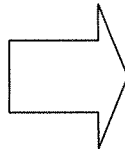
Any SEVERE SYMPTOMS after suspected or known exposure:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confuse
 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, crampy pain

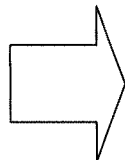


1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box on back page)
4. Give additional medications.* (If ordered)
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamine & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professional and parent
3. Dismiss student to care of parent or guardian
4. If symptoms progress (see above), USE EPINEPHRINE

Medication/Doses:

Epinephrine: 0.15mg **or** 0.3mg May repeat dose in 15 minutes if symptoms continue.

Antihistamine: _____

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

*Please note that by NJ state law only the administration of epinephrine can be delegated to non-nursing school staff.

Self-Administration:

I have instructed the above student in the proper administration of epinephrine/antihistamine. It is my opinion that he/she is capable of self-administration. Student must notify teacher or School Nurse when he/she has administered epinephrine/antihistamine.

OR

It is my opinion that the above student **is not** capable of self-administration.

Contacts: Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Doctor's Office Stamp

Parent/Guardian Signature Date

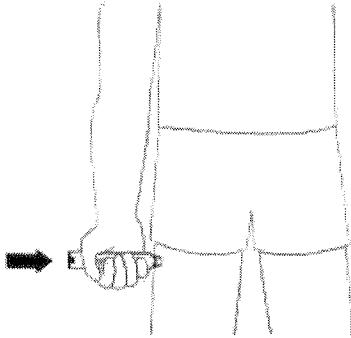
Healthcare Provider Signature Date

EpiPen® (epinephrine) Auto-Injector Directions

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

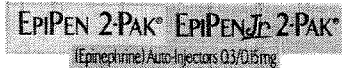


- Hold orange tip near outer thigh (always apply to thigh)



- 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.

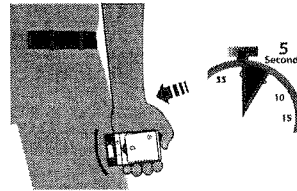
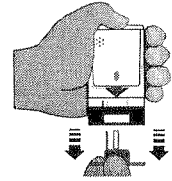


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Auvi-Q™ (epinephrine injection, USP) Directions

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

Pull off RED safety guard.

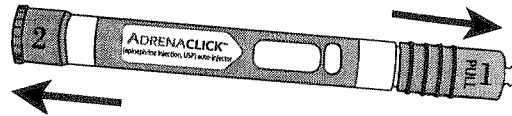


Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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Adrenaclick® 0.3 mg and Adrenaclick® 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.