



PUBLIC SCHOOLS OF Pemberton Township

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Dr. Michael Gorman, Superintendent
Barbara Greco, Director of Student Personnel Services

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:

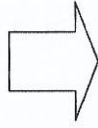
Any SEVERE SYMPTOMS after suspected or known exposure:

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



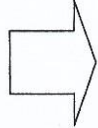
1. INJECT EPINEPHRINE IMMEDIATELY

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: _____

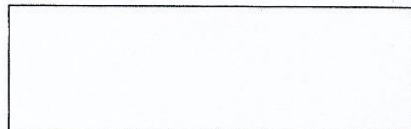
Doctor's Office Stamp

Parent/Guardian Signature

Date

Healthcare Provider Signature

Date

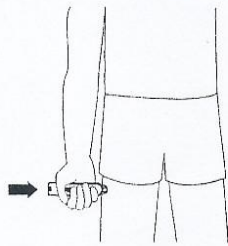


EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN 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 the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

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



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



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.