

Loudoun County Public Schools  
Allergy Action Plan/Physician's Order

Place  
Student's  
Picture  
Here

Location of  
Auto-injector: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: \_\_\_\_ Yes (higher risk for a severe reaction) \_\_\_\_ No Grade \_\_\_\_\_

**To Be Completed by Healthcare Provider:**

Extremely reactive to the following food: \_\_\_\_\_

THEREFORE:

\_\_\_\_ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

\_\_\_\_ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

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 911

3. Begin monitoring (see box below)

4. Give additional medications:\*  
-Antihistamine  
-Inhaler (bronchodilator) if asthma

\*Antihistamines & 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 ANTHISTAMINE

2. Stay with student: alert healthcare professionals first, then parent

3. If symptoms progress (see above), USE EPINEPHRINE

4. Begin monitoring

**Medications/Doses:**

Epinephrine dose: \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

Should student carry his/her epinephrine auto-injector? Yes No (circle one)

**Healthcare Provider Signature:**

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent Signature:**

My signature gives permission for principal's designee to follow this plan, administer prescribed medication, and contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year.

I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Loudoun County Public Schools  
Allergy Action Plan**

**Information about Epinephrine Procedures:**

- Please notify the teacher/sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities.
- The clinic is closed after dismissal and the nurse/health clinic specialist is not in the building. It is strongly suggested that middle and high schools students carry their own auto-injector for quick access to epinephrine.

\_\_\_\_\_  
**Parent/Guardian Signature Required**

\_\_\_\_\_  
**Date**

**Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine**

**PARENT:**

- I give my consent for my child to self-administer and/or carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

\_\_\_\_\_  
**Parent/Guardian's Signature Required**

\_\_\_\_\_  
**Date**

**STUDENT:**

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic specialist.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report to the school nurse/health clinic specialist or another appropriate adult if the nurse/health clinic specialist is not available so that EMS is called.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Number of epinephrine auto-injectors received: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_      Expiration Date: \_\_\_\_\_**

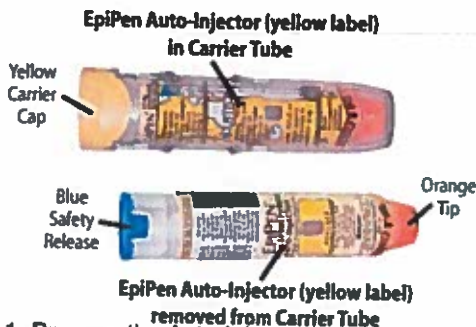
**Signature of clinic staff/Date: \_\_\_\_\_**

**Number of epinephrine auto-injectors returned: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_**

**Signature of Parent/Date: \_\_\_\_\_**

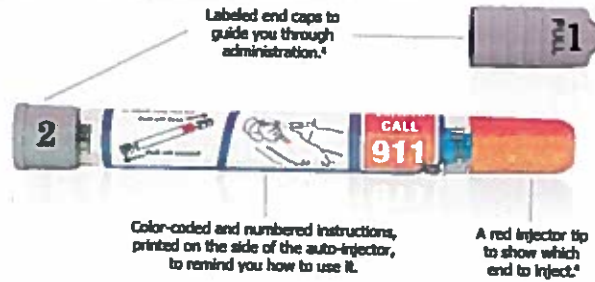
**Monitoring**

*Stay with student; alert healthcare professionals and then the parent.* Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. **DO NOT MOVE STUDENT.**



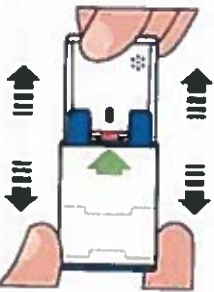
1. Prepare the Auto-Injector Injection
2. Administer the Auto-Injector
3. Finalize the Injection Process

**Adrenalclick**



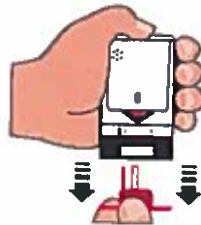
**Auvi-Q**

Pull Auvi-Q from the outer case. See Figure B. Do not go to step 2 until you are ready to use Auvi-Q. If you are not ready to use Auvi-Q, put it back in the outer case. Figure B.



Pull off **Red** safety guard. See Figure C. To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away. **Note:** The red safety guard is made to fit tight. Pull firmly to remove.

Figure C



Place back end of the Auvi-Q against the middle of The outer thigh (through clothing, if needed) then press firmly, and hold in place for 5 seconds. Only Only inject into the middle of the outer thigh. Do not Inject into any part of the body.

**CONTACTS:**

Doctor: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. If it is absolutely necessary for the student to take medication at school, this "**Authorization for Medication Administration**" form must be received for each medication and must be submitted to the Health Office staff prior to the medication being given at school. Use the appropriate **Action Plan** for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without receipt of the appropriate form.
3. **The Health Office staff must have written instructions from the healthcare provider in order to administer prescription medications.** The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
  - Student's name and date of birth
  - Name and purpose of medication
  - Dosage, time & route of administration
  - Duration of medication order/effective dates
  - Possible side effects/actions to take if these occur
  - Healthcare provider signature/date
4. **Medications must be brought to the Health Office by a parent/guardian** (LCPS 8-36 policy). Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day with the approval of the physician, school nurse and parent/guardian as indicated on the "Physician Order/Health Care Plan." Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
5. **Medication Containers:**
  - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing:
    - Student's name
    - Name of Medication
    - Time to be given
    - Dose/amount to be given
    - Healthcare Provider name
  - ❖ Non-prescription medications (OTC- over-the-counter)- must be in the original package with the name of the medicine and instructions.
6. Prescription information on bottle label must match the healthcare provider information on the "Authorization for Medication Administration" form. Ask the pharmacy to provide a properly labeled bottle for school.
7. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
8. **The first dose of any NEW medication must be given at home.**
9. Medications will be given no more than 30 minutes before or after the prescribed time.
10. Non-prescription medication will only be administered according to directions on the label. If a higher dosage is required, the "Authorization for Medication Administration" form must be signed by the healthcare provider.
11. Medication kept at school will be stored in a locked area of the Health Office accessible only to authorized school personnel.
12. The student is to come to the Health Office or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the Health office at the appropriate time.
13. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an "Authorization for Medication Administration" form signed by the healthcare provider and parent/guardian.
16. Unused medications MUST be picked up by a parent/guardian on or before the last day of school or it will be destroyed.