

BERKELEY TOWNSHIP SCHOOL DISTRICT
Health Services

Medical Packet for Students with Severe Allergies

Dear Parent/Guardian:

The attached forms are for any student with a potentially life-threatening allergy. Please review and complete the following documentation and return it to your child's school nurse as soon as possible, but no later than the first day of school.

Required Documents:

1. FARE - Food Allergy & Anaphylaxis Emergency Care Plan
 - a. Completed and signed by Physician/APN
 - b. Signed by Parent/Guardian
 - c. Include Full Color Photo
2. Authorization Form
 - a. Parts I and II to be completed by Parent/Guardian
 - b. Part III to be completed by Physician/APN
3. Individualized Health Plan
 - a. Completed and signed by Parent/Guardian
 - b. Signed by School Nurse upon receipt

Pre-filled auto-injector mechanisms are to be supplied to the school nurse in a properly labeled container, with the child's name, dosage, etc., on the pharmacist's label and must be brought to school by a parent or guardian.

Sincerely,

School Nurse

Name: _____ D.O.B.: _____

Allergic to: _____

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

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

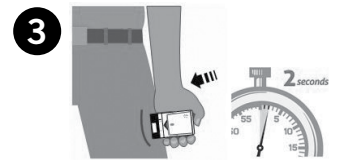
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

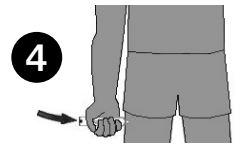
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



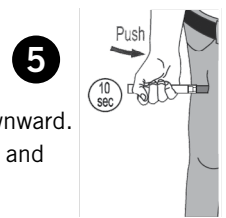
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AT SCHOOL

Student Name: _____ DOB: _____ Grade: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

I. Parental/Guardian Consent for Delegate Administration of Epinephrine Auto Injector

I hereby acknowledge my understanding that if the procedures outlines in P.L. 2007, c.57 and "TRAINING PROTOCOLS FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE " issued by the NJ Department of Education are followed, the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto injector containing epinephrine and the parent/guardian shall indemnify and hold harmless the school district and its employees or agents against any claims arising from the administration of a pre-filled single dose auto injector containing epinephrine to the student. The school nurse shall designate, in consultation with the Board of Education, additional employees of the school district to administer epinephrine via auto-injector to my child for anaphylaxis or possible anaphylaxis when the school nurse is not physically presents at the scene, as specified in P.L. 2007, c.57.

____ I approve having delegate(s) assigned for my child.

____ I decline delegate administration of epinephrine for my child.

Parent/Guardian Name	Signature	Date
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II. Parental/Guardian Consent for Student Self Administration of Epinephrine Auto Injector (appropriate for older children only)

____ I request that my child be ALLOWED to carry the prescribed medication for self-administration in school and on off-site school related activities pursuant to N.J.S.A.:18A:40-12.3-12.6. I give permission for my child to self-administer medication, as prescribed on this form for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

____ I do not allow my child to carry and self-administer epinephrine auto- injector.

Parent/Guardian Name	Signature	Date
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III. Healthcare Provider's Order (please check all applicable lines)

The above student has a potentially life threatening allergy that could result in anaphylaxis and

The Student's potential triggers of Anaphylaxis are: _____

The Student is an Asthmatic _____ Yes _____ No

The Student's possible symptoms of Anaphylaxis are: _____

Or _____ possible symptoms are unknown at this time but student is at risk for future anaphylaxis.

In case of possible anaphylaxis administer:

____ Epinephrine auto-injector 0.3mg up to 2 doses as needed

____ Epinephrine auto-injector 0.15mg up to 2 doses as needed

____ School nurse may administer a single oral dose of Diphenhydramine: _____mg

____ Student may self-administer epinephrine auto-injector as prescribed above. This student has been instructed in and is capable of proper method of self-administration of epinephrine auto-injector. This student understands the purpose, appropriate method and frequency of use of the medication prescribed above.

____ This student is **not approved** to self-medicate with an epinephrine auto-injector.

Physician/APN Name	Signature	Date
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Physician's Office Stamp:

Accepted by School Nurse ____ initials ____ date

School Year _____

Grade _____

Teacher _____

Allergy with Risk of Anaphylaxis Individualized Health Plan

Student Name: _____ **Date of Birth:** _____

Assessment Data:

Life-threatening allergies: _____

History of anaphylaxis? YES NO Symptoms: _____

Cafeteria Seating:

Designated peanut/nut free cafeteria seating: Request ☐ Decline ☐

Parent Responsibilities:

- Provide a Food Allergy & Anaphylaxis Emergency Care Plan (ECP) prior to the first day of school each year.
- Provide signed Authorization form prior to the first day of school each year.
- Provide 2 unexpired epinephrine auto-injectors for student (each box contains 2 auto-injectors) in original pharmacy packaging (1 for nurse use and 1 for delegate use).

Nursing Diagnosis:

Potential for ineffective breathing pattern related to bronchospasm and inflammation of airways.

Goals:

- Avoid contact with allergen or source of anaphylactic reaction.
- Identify symptoms of allergic reaction.
- Know when and how to seek help.
- Prevent allergic reactions from happening.
- Develop self-medication skills (when appropriate).

Interventions:

- The nurse will document allergies in Realtime and upload ECP to alert teachers, staff, and kitchen.
- The nurse will upload the student's ECP for the student's bus driver to view.
- Students who self-carry epinephrine will commit to carry their auto-injectors at school and all school-sponsored events.
- The nurse will pack medications and ECP for field trips if the student's epinephrine is stored in the nurse's office.
- The nurse will review the student's ECP annually with the parent.
- Students who self-carry epinephrine will verbalize and understanding of the ECP.
- The district will provide allergy and anaphylaxis training to school personnel via mandatory annual online training.
- The nurse will document all allergic reactions and treatment.
- The nurse will communicate with parents and health care providers as needed.

Outcomes:

The student, parents, and school personnel will work together to limit the risk of exposure to allergens, recognize symptoms of an allergic reaction, and be prepared to provide emergency treatment.

Parent/Guardian Signature

Date

School Nurse Signature

Date