

Student's name _____

_____ Birth
date _____

The above student is allergic to:

METRO Y OF THE ORANGES ORDERS FOR ALLERGY EMERGENCY TREATMENT

Previous episode of anaphylaxis ☐ Yes ☐ No

MEDICATIONS

ANTIHISTAMINE: Name

_____ Dose _____

Give antihistamine for the following checked symptoms:

- ☐ Contact with allergen, but no symptoms
- ☐ Skin – hives, itchy rash, extremity swelling
- ☐ Lips – itching, tingling, burning, or swelling of lips
- ☐ Swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening or throat
- ☐ Gut – abdominal cramps, nausea, vomiting, diarrhea
- ☐ Lungs- repetitive cough, wheezing, shortness of breath
- ☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
- ☐ Other _____

EPINEPHRINE:

☐ EpiPen

☐ EpiPen Jr.

☐ Other

Give epinephrine for the following checked symptoms:

- ☐ Contact with allergen, but no symptoms
- ☐ Skin – hives, itchy rash, extremity swelling
- ☐ Lips – itching, tingling, burning, or swelling of lips

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The above student is allergic to:

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☐ Swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening or throat

☐ Gut – abdominal cramps, nausea, vomiting, diarrhea

☐ Lungs- repetitive cough, wheezing, shortness of breath

☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin

☐ Other _____

Choose **ONE** administration order:

☐ Give Antihistamine only

☐ Give Epinephrine only

☐ Give Antihistamine & Epinephrine at the same time

☐ Give Antihistamine first, observe for further symptoms and give Epinephrine PRN

Physician's signature and stamp:

Phone number _____ Date _____