

REQUEST FOR INJECTION BY EPINEPHRINE PEN

To: The West Orange Public Schools

From: _____

Parent

Re: _____

Student's Name

D.O.B

School

My child is severely allergic to the following substances:

He/she needs to receive immediate medication with an "epinephrine pen" if he/she is exposed to any of the above substances or has any of the common signs or symptoms of anaphylaxis which include hives or rash, swelling efface and/or extremities, tingling of lips and mouth, flushing of face or body, coughing, wheezing, dyspnea (shortness of breath), nausea, vomiting, abdominal cramps, diarrhea, tachycardia (increased heart rate), postural hypotension (low blood pressure), and syncope (fainting). This also applies to other signs on individualized care plan. My child will be able to:

1. self-administer _____ 2. will not be able to self-administer the epinephrine pen injection ____.

Enclosed is my physician's written order to the Board of Education that my child cannot self-administer with an epinephrine pen and needs administration by a designated staff member. My consent to have a staff member administer the medication through an epinephrine pen is only good for this school year. I understand that I may renew my consent in future school years.

I understand that because of his/her severe allergies, someone needs to be able to administer the epinephrine to my child in the absence of the school nurse. I agree to the designated staff member(s) providing the injection from a prefilled single dose "pen" following training by the nurse.

The designee will be covered under the West Orange Public School's insurance while providing this medication to the student. I also understand that if the procedures in the statute are followed as set forth, The Board of Education, and its employees or agents, shall have no liability for any injury arising from administration of medication with an epinephrine pen and I will hold harmless and indemnify the Board of Education and the staff member against any claims arising out of the administration of the epinephrine pen to my child.

Parent(s) Signatures _____ Date _____

Principal's Signature _____ Date _____ Nurse's Signature _____ Date _____

Designee's Signature _____ Date _____ Designee's Signature _____ Date _____

Designee's Signature _____ Date _____ Designee's Signature _____ Date _____

Designee's Signature _____ Date _____ Designee's Signature _____ Date _____

Designee's Signature _____ Date _____ Designee's Signature _____ Date _____

PLACE
PICTURE
HERE

me: _____ D.O.B.: _____

ergy to: _____

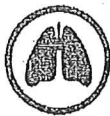
ight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

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

xtremely reactive to the following allergens: _____

HEREFORE:
☐ 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
ody, 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: ☐ 0.15 mg IM ☐ 0.3 mg IM

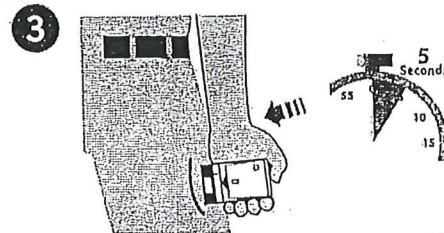
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

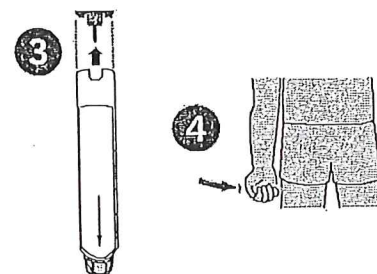
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



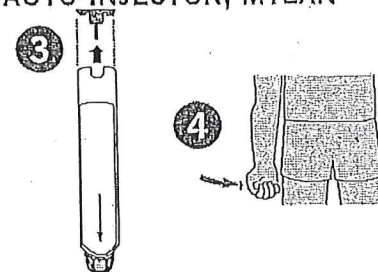
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

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.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



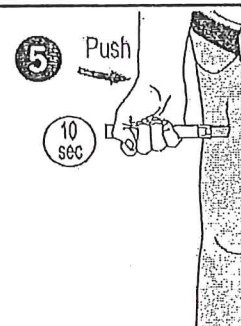
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

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



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

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



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: _____