

KENT SCHOOL DISTRICT**Licensed Health Care Provider (LHCP) Medication/Special Nursing Care Orders and Health Action Plan**

Student Name:		Birthdate:		Student #	
School:		Grade/Teacher:		Transportation:	
Date of Last Reaction		Type of Allergy:			
Epinephrine kept in:	Health room	Backpack	On Person	Coach	Other: _____

SYMPTOMS OF ANAPHYLAXIS

The severity of symptoms can quickly change. All the symptoms below can potentially progress to a life-threatening situation.

MOUTH	Itching, tingling and/or swelling of the lips, tongue or mouth	SKIN	Flushing, Hives, itchy rash, and/or swelling about face, upper chest or extremities
THROAT	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough, trouble breathing	LUNG	Shortness of breath, difficulty breathing, repetitive coughing, and/or wheezing
HEART	"Thready" (faint, weak) pulse, "passing out," fainting, dizziness, pale and/or blue, confused	GUT	Nausea, stomachache/abdominal cramps, vomiting and/or diarrhea
GENERAL	Panic, sudden fatigue, chills, fear of impending doom	OTHER	

MEDICATION ORDERS – LICENSED HEALTH CARE PROVIDER TO COMPLETE

If student has any of the above symptoms or exposure to above allergen – GIVE:

0.3mg Epinephrine 0.15mg Epinephrine

Time/Frequency

Side Effects: _____

In Addition to Epinephrine Give:

Antihistamine/Other

Medication	Dosing (cc/mg)	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: _____

Other: (e.g inhaler bronchodilator if asthmatic)

Medication	Dosing	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: _____

For Mild Symptoms and no suspected exposure the following medication may be given after consultation with the school nurse (RN). If symptoms do not resolve or increase, epinephrine will be given as ordered above:

Antihistamine/Other

Medication	Dosing (cc/mg)	Route	Time/Frequency
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KENT SCHOOL DISTRICT
SPECIAL NURSING CARE/MEDICAL TREATMENT/MEDICATION PROCEDURE

Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.

PROCEDURES

8.0

Allergy Specific

Student's Name: _____

Individual Considerations (To be completed or reviewed by parent/guardian):

Emergency Contact	Home	Cell	Work	Email

*****STAFF ACTION PLAN*****

- 1. GIVE MEDICATION AS ORDERED ON PREVIOUS PAGE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES**
- 2. *NOTE TIME _____ AM/PM (Epinephrine/Adrenaline given) *NOTE TIME _____ AM/PM (Antihistamine given)**
- 3. CALL 9-911 IMMEDIATELY. 911 must be called WHENEVER Epinephrine is administered.**
- 4. DO NOT HESITATE to administer Epinephrine and to call 911 even if the parents cannot be reached.**
- 5.**

This Emergency Action Plan (EAP)/IHP will be distributed to those school staff "who need to know". (school nurse to circle all that apply) Distribution may occur electronically. Parent Teacher/Sub file Office Librarian Counselor Student Services Transportation Principal Other: _____

This IHP serves as 504

Kent School District Nursing Services 03/2021

Allergy Specific

EPIPEN® and EPIPEN® JR. Directions

1. Pull off blue activation cap.
2. Hold orange tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto

GENERIC Epinephrine Injector

1. Pull off end of cap with the (1). You will now see a RED tip. Never put thumbfinger, or hand over the RED tip.
2. Pull off end cap with the (2).
3. Put the RED tip against the middle of the outer side of

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