

Green Brook Township Public Schools

IEF Elementary School 105 Andrew Street, Green Brook, N.J. 08812	Green Brook Middle School 132 Jefferson Avenue, Green Brook, N.J. 08812
School Nurse: Thanya Mendez Office Phone: 732-968-1052 ext 3040 Email: tmendez@gbtps.org	School Nurse: Leanne Ivory Office Phone: 732-968-1051 ext. 2040 Email: livory@gbtps.org

ANAPHYLAXIS ACTION CARE PLAN/ IHP & IEHP

This permission form is to acknowledge administration of epinephrine to a student by either a registered nurse or a trained delegate. As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Healthcare Practitioner's written request. **The medication request will be effective for the current school year and must be renewed for each subsequent school year.**

I. PERSONAL

Student's Name:		DOB:		Grade:	
Date plan initiated:		M♂ F♀	School:	GBMS - IEF	
Health Care Practitioner Name:				Phone #:	
Hospital:					

II. ALLERGIC TRIGGERS (ENVIRONMENTAL, FOOD, INHALATION, ETC.)

List allergy/ anaphylaxis triggers:

III. MEDICATION ORDERS:

	Medication	Dose		Order of adm.	Repeat Dosing Instructions (Q4H, Q15 min.)	Criteria for Administration <u>List past symptoms & actions to be taken for symptoms</u>
Registered Nurse only	Benadryl <small>Diphenhydramine</small>	mg.	P O	①		
RN only	Other med:			②		
RN or Delegate:	Epi-Pen	0.15 mg 0.3 mg	IM	③		
RN only	Epi-Pen 2 nd dose	0.15 mg 0.3 mg	IM	④		

Administering Personnel: Administration of epinephrine medication can be given by the School Nurse / Substitute School Nurse or if a nurse is not available by a trained delegate upon the practitioner's and parent's permission. A delegate may administer only one dose of epinephrine and may not administer any other medications, including Diphenhydramine or steroids.

IV. HEALTH CARE PRACTITIONERS TREATMENT ORDERS:

INITIAL ONE CHOICE:	In my judgment, the above-named student requires the emergency administration of epinephrine for an anaphylactic reaction and:
	<u>IS NOT CAPABLE of the self-administration of an emergency dose of epinephrine</u> for an anaphylactic reaction, therefore the school nurse/substitute school nurse or trained delegate may administer an emergency dose of epinephrine for an anaphylactic reaction.
	<u>IS CAPABLE of the self-administration of an emergency dose of epinephrine</u> for a possible anaphylaxis reaction. If the student is unable to perform epinephrine self-administration then the school nurse/substitute school nurse or trained delegate may administer an emergency epinephrine.

V. ANAPHYLAXIS CARE PLAN: ASSESSMENT & INTERVENTIONS

No Anaphylaxis

Student Assessment Reveals		Monitor student for changes in the following:
Airway/ Breathing	Normal respirations Rate/ minute:	Respirations <15 or > 25, impaired airway, shortness of breath or any difficulty breathing.
	Cough: none	Coughing, scratchy throat, impaired airway, choking.
Circulation	Normal pulse	Pulse > more than 120 Pulse < less than 55
Skin	Lips: pink/ no swelling	Color changing to white/ blue, swelling/ tingling of any body part.
	Itching: none	Itching, hives, rash, and/or any redness
	Hives: none	Hives eruptions from mild to confluence hives
Stomach	Nausea: none	Vomiting or abdominal pain
LOC	Conscious/ lucid	Diminishing level of consciousness
Additional HCP orders		

Anaphylaxis

Student Assessment Reveals: Symptoms		CALL 911 and Administer Epi-Pen Monitor and maintain respirations and circulation. Provide comfort and reassurance
Airway/ Breathing	Respiratory distress: Wheezing	Raise head
	Cough: persistent	
Circulation	Rapid >120 or absent pulse	Raise extremities higher than heart
Skin	Lips: White / blue,	
	Swelling of lips, tongue, face, fingers	
	Severe generalized hives	Raise head
Abdomen	Severe abdominal pain, vomiting	Recline on side
LOC	Un-consciousness	Raise extremities higher than heart
Additional HCP orders		

VII. HEALTH CARE PROVIDER'S ACKNOWLEDGEMENT & SIGNATURE

As this child's Health Care Provider I hereby acknowledge my understanding of the procedures outlined in N.J.S.A. 18A: 40-12.5 & 12.6 and the NJDOH's "Protocol and Implementation Plan" for Emergency Administration of Epinephrine by the school nurse, nurse substitute or by a trained epinephrine delegate, that 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 auto-injector containing epinephrine and the parent/guardian shall indemnify and hold harmless the school district

and its' employees or agents from any and all claims arising from the administration of a pre-filled auto-injector mechanism containing epinephrine or any other Health Care Providers prescribed medications.

Practitioner's Stamp

Practitioner's printed name:	
Practitioner's signature:	
Date:	
Parent/Guardian signature	

Revised 2/5/21

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PARENT/GUARDIAN REQUEST: ADMINISTRATION OF EMERGENCY EPINEPHRINE

This permission form is to acknowledge administration of epinephrine to a student by either a registered nurse or a trained delegate. As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Healthcare Practitioner's written request. **The medication request will be effective for the current year and must be renewed for each subsequent year.**

I. STUDENT PERSONAL DATA			
Student's Name:		DOB:	
Student's Grade:	Date plan initiated	School Year:	
Address:		School:	GBMS - IEF
City:		Gender:	M♂ F♀
Health care practitioner:		Phone #:	
Hospital:		Phone #:	

II. ADMINISTRATION OF MEDICATION/ HEALTH CARE PLAN
This permission form is to acknowledge administration of epinephrine to a student by either a school nurse, substitute school nurse or a trained "EPI" delegate. As per Board of Education policy# 5330, the administration of any medication requires a Parent /Guardian to be submitted to the nurse a written

medication permission form with licensed health care practitioners signed orders, which is effective for one school year.

Health care interventions initiated by the nurse or delegate will follow the healthcare practitioner's **Criteria for Administration of Medications** orders and the GB BOE Policy and Regulations.

Note: Emergency services (911) is always called whenever epinephrine is administered and the "student must/will be transported by emergency services personnel to a hospital emergency room" as/per Public Law N.J. S. A. # 18A:40-12.5.

Diagnosis requiring Epinephrine administration: (i.e. peanuts, tree nuts, bee stings etc.)

III. ALLERGIC TRIGGERS/ SYMPTOMS: (environmental, food, inhalation, etc.)

List triggers: (i.e. ingestion touching, smelling allergen, etc.)

List Symptoms that have occurred in the past when your child has had a reaction to the allergic allergen. (i.e. hives, itching, swelling of tongue, breathing difficulties, etc.)

IV. MEDICATION			
Medication	Criteria for Administration	Dosage	Repeat dose instructions
Epinephrine (EPI-PEN)	As per Practitioner's order	As per practitioner's order	As per practitioner's order
Diphenhydramine Benadryl	As per Practitioner's order	As per practitioner's order	As per practitioner's order
Other: as listed on HCP's Care Plan	As per Practitioner's order	As per practitioner's order	As per practitioner's order

V. "EPI" DELEGATES: initial only one box

	I ACCEPT the use of an Epinephrine Auto-injector Delegate to administer epinephrine to my child if there is an anaphylactic/ allergy emergency.
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	I DO NOT ACCEPT the use of an Epinephrine Auto-injector Delegate to administer epinephrine to my child if there is an anaphylactic/ allergy emergency.
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All Delegate names are listed on the school web site on the nurse's web pages. This list is updated each January. Please review this list of delegates that may be available to administer epinephrine to your child if an anaphylaxis reaction occurs and the school nurse is not available.
 NOTE: A delegate may only administer one dose of epinephrine, and may not administer any other medication such as Benadryl, steroids or other medications.
 Emergency Ambulance Transport will transport your child, as per law, if epinephrine (Epi-Pen) is administered. The cost of this transportation will be the responsibility of the parent/ guardian.

VI. PARENTAL PERMISSION FOR EPINEPHRINE ADMINISTRATION:

INITIAL ONLY ONE BOX	I acknowledge the following choice for the administration of an emergency dose of epinephrine via a pre-filled auto injection to my child who:
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	... IS NOT CAPABLE of the self-administration of an emergency dose of epinephrine for an anaphylaxis reaction and I give permission for the school nurse or substitute school nurse or above-named delegates to administer an emergency dose of epinephrine.
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	... IS CAPABLE of the self-administration of an emergency dose of epinephrine for a possible anaphylaxis reaction and I give permission for the school nurse/ substitute school nurse or the above-named delegates to administer an emergency dose of epinephrine if my child is unable to administer the medication to him/herself.
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VII. PARENTAL ACKNOWLEDGEMENT AND SIGNATURE:

The following signatures signify that I acknowledge my understanding, agreement to and consent for the above named student to receive care as outlined by my child's health care provider's written anaphylaxis care plan, to the procedures outlined in N.J.S.A. 18A: 40-12.5 & 12.6 and the NJDOH's "Protocol and Implementation Plan" for Emergency Administration of Epinephrine, and GB BOE policy. The medication may be administered by the school nurse, nurse substitute or by a trained epinephrine delegate.
 I further acknowledge that school district and its employees or agents shall incur no liability as a result of any injury arising from the administration of an epinephrine auto-injector or other HCP prescribed medications and as the parent/guardian, I shall indemnify and hold harmless the school district and its'

employees or agents from any and all claims arising from the administration of a pre-filled auto-injector containing epinephrine or any other Health Care Providers prescribed medications.

Legal Parent/Guardian printed name:

Date:

Legal Parent/Guardian signature:

Revised 2/21