

Wayland Public Schools

MEDICATION ORDER
FOR TREATMENT OF ANAPHYLAXIS USING EPINEPHRINE
AND/OR
BENADRYL

(Must be completed by a licensed provider)

Student: _____ DOB: _____ Sex: _____

Address: _____

The above named student has a hypersensitivity to: _____

This student is at risk for an anaphylactic reaction. Epinephrine via EpiPen should be available for treatment. Benadryl given as ordered.

Administer EpiPen (0.3mg) _____ Administer EpiPen Jr. (0.15mg) _____

Benadryl: Dose _____ Route _____ Frequency _____

Symptoms _____

TREATMENT PROTOCOL:

If an exposure occurs or is suspected to have occurred begin treatment immediately:

() Epinephrine should be administered immediately following exposure regardless of symptoms.

() Epinephrine should be administered if the student develops symptoms suggesting a generalized reaction as described below:

- Shortness of breath, wheezing, any difficulty breathing
- Cough
- Rash, hives
- Itching
- Swelling of lips, tongue, mouth
- General flushing
- Nausea, vomiting, abdominal cramps, diarrhea
- Anxiety
- Other symptoms, specific to student: _____

Signature of Licensed Provider

Date

Print Name