

CARDINAL SPELLMAN HIGH SCHOOL

738 COURT STREET • BROCKTON, MASSACHUSETTS • 02302-2898 TEL (508) 583-6875 x33
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MEDICATION ORDER FOR ANAPHYLAXIS TO BE COMPLETED BY A LICENSED PRESCRIBER: PHYSICIAN, NURSE PRACTITIONER OR OTHER AUTHORIZED BY CHAPTER 94C

Name of Student _____ DOB ____/____/____

Address _____ Grade _____

Name of Licensed Prescriber _____ Title _____

Business Telephone # _____ - _____ - _____ Emergency Telephone # _____ - _____ - _____

Type of Allergy _____

Other Medical Condition(s)* _____

Other Medications Taken by Student* _____

In the event of exposure to allergen: Do Immediately
 Do when signs/symptoms of allergic reaction appear

- 1) Administer Oral Benadryl _____ cc p.o.
- 2) If signs/symptoms worsen or are unresolved with oral Benadryl within ____ min or, ORAL BENADRYL NOT ORDERED please administer:
- Epi-Pen s.c.
 Epi-Pen Jr. s.c.
- 3) If signs/symptoms unresolved with Epi-Pen/Epi-Pen Jr. s.c. within ____ min administer repeat dose of:
- Epi-Pen s.c.
 Epi-Pen Jr. s.c.

Life threatening allergic reactions are given epinephrine immediately.
911 called whenever epinephrine is administered.

Other orders: _____

Special side effects, contraindications, or possible adverse reacting to be observed: _____

Consent for self-administration (provided that R.N. determines it is safe and appropriate)

Yes _____ No _____

Prescriber Signature _____ Date _____

*If not in violation of confidentiality