

For _____ School Year
(expires at the end of August)

Must be accompanied by "Permission
to Administer Medication at School"
(PTAM) Form

SHORELINE SCHOOL DISTRICT TREATMENT ORDER FORM: LIFE THREATENING ALLERGY LICENSED HEALTH CARE PROVIDER* (LHP) ORDERS

Note : These orders *must* be renewed every year, before the beginning of each school year.

Einstein Middle School 19343 3rd Ave. NW Shoreline, WA 98177	ATTN: Hillary Viswanathan, RN, BSN Phone: (206) 393-4734 Fax: (206) 393-4735
--	--

Student Name: _____ Birth date _____ Grade/Grad Yr _____
LHP* Name _____ Phone _____ Fax _____

MEDICAL INFORMATION AND ORDERS – TO BE COMPLETED BY LHP*

****Please complete these treatment orders so we can better understand the student's needs****

STUDENT HEALTH HISTORY:

Student has a severe allergy to: _____

Student has a history of anaphylaxis **Yes** **No** Last anaphylactic reaction (Date): _____

Student has a history of asthma **Yes** (High Risk for Severe Reaction) **No**

Weight: _____ Other related health history: _____

TREATMENT PLAN : IF ANAPHYLAXIS IS SUSPECTED:⁺

1. Give epinephrine auto-injector and call 911
2. Repeat dose of epinephrine (if available) in _____ minutes if no improvement
3. Give antihistamine and inhaler (bronchodilator) if available (*see attached PTAM form for med orders*)
4. Other: _____

Student may carry emergency medication in backpack: YES NO

Student may self-administer epinephrine auto-injector: YES NO

Student has demonstrated use of epinephrine auto-injector to LHP* YES NO

Additional instructions for certain students:

The student is **EXTREMELY** reactive to the following allergen(s): _____

If checked, give epinephrine immediately if student **LIKELY** exposed to allergen, for ANY symptoms.

If checked, give epinephrine immediately if student **DEFINITELY** exposed to allergen, even if no symptoms are apparent.

Licensed Health Care Provider* Signature Date Phone

⁺ Any of the following 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 body, widespread redness

GUT : Repetitive vomiting, severe diarrhea

OTHER: Feeling something bad is going to happen, anxiety, confusion

STUDENT SPECIFIC:

⁺ OR A COMBINATION OF MILD SYMPTOMS FROM DIFFERENT BODY AREAS.

*MD, DO, ARNP, PA, ND