# ALLERGY & ANAPHYLAXIS HEALTH CARE PLAN

# USE OF EMERGENCY MEDICATIONS TRAINING AND DELEGATION RECORD

School/ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROCEDURE GUIDELINE** | RNInitials/ Date | RNInitials/Date | RNInitials/Date |
| 1. Confirms written authorization: Parent permission, Physician authorization, up to date Health Care Action Plan |  |  |  |
| 2. Verifies pharmacy labels for all prescribed medications. Checks expiration dates |  |  |  |
| 3. Verifies self carry contract |  |  |  |
| 1. Specific Care Training:    * Describes difference between mild allergy and anaphylaxis symptoms    * Identifies signs/symptoms indicating epinephrine use    * Identifies signs/symptoms indicating antihistamine use    * Identifies signs/symptoms indicating rescue inhaler use    * States importance of monitoring for increased symptoms    * Directs student to lie down and stay down    * Confirms use of epinephrine ***first*** for potentially life threatening symptoms    * Confirms importance of EMS activation    * Indicates need/order for second dose of epinephrine    * Identifies when to communicate with parent/guardian |  |  |  |
| 5. Describes documentation procedure |  |  |  |
| 6. Identifies process to communicate with RN |  |  |  |
| 7. Returns demonstration auto injector trainer and describes proper disposal |  |  |  |
| 8. Returns demonstration antihistamine administration |  |  |  |
| 9. Returns demonstration of rescue inhaler use |  |  |  |

I understand the need to confirm current health care action plan information for each student/child. I have had the opportunity to ask questions and received satisfactory answers.

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| **Delegatee Name (Print)** | **Delegatee Signature** | **Date** |
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Delegating RN Signature: Initials