

ALLERGY & ANAPHYLAXIS HEALTH CARE PLAN USE OF EMERGENCY MEDICATIONS TRAINING AND DELEGATION RECORD

School/Center		RN Instructor: Print	Initials:		
PROCEDURE GUIDELINE		RN Initials/ Date	RN Initials /Date	RN Initials /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					
4. Specific Care Training: <ul style="list-style-type: none"> • 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.

Delegatee Name (Print)	Delegatee Signature	Date

Delegating RN Signature: _____ Initials _____