The following standing orders apply to persons who do not have individual orders provided by parents and/or private physicians. The guidelines apply to persons with allergic symptoms triggered by touching, inhaling or ingesting allergens or by insect stings.

Before administering medications, attempt to obtain a history from the patient or bystanders, check for Med-Alert bracelets, etc., to ascertain if patient has any underlying condition that could mimic allergies or anaphylaxis.

If there is reasonable evidence that the person is having an allergic reaction and it appears that death is imminent, give epinephrine regardless of age.

Any SEVERE SYMPTOMS after suspected or known exposure:

One or more of the following:

**LUNG:** Short of breath, wheeze, repetitive cough

**HEART:** Pale, blue, faint, weak pulse, dizzy, confused

**THROAT:** Tight, hoarse, trouble breathing and/or swallowing or speaking

**MOUTH:** Obstructive swelling (tongue and/or lips)

Or combination of symptoms from different body areas:

**SKIN:** Hives, itchy rashes, swelling (e.g., eyes, lips)

**GUT:** Vomiting, diarrhea, belly cramps

**NEURO:** Fear, apprehension, feeling of impending doom, passing out

Medications/Doses
Select appropriate epinephrine dose, based on weight; if unable to assess weight, use larger dose.

**Dosage:**
- 0.15 mg Epinephrine auto-injector IM, if less than 55 pounds (25 kg)
- 0.30 mg Epinephrine auto-injector IM, if 55 pounds (25 kg) or more [AAAAI, 2015]

Monitoring – Airway, Breathing, Cardiac

Stay with student; alert health care professionals and parent. Note time when epinephrine was administered and inform rescue squad upon arrival; request an ambulance with epinephrine. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student/patient lying on back with legs raised. Treat student even if parents cannot be reached (See back for auto-injection technique). Provide CPR if necessary and/or other first aid measures as needed.

PHYSICIAN INFORMATION
Name/Title (Printed): _____________________________  Practice Name _____________________________
Contact Number: ________________________________  Address: _________________________________

SIGNATURE: _______________________________________  Authorization dates: Start _______ Stop: _______

AUTHORIZING ADMINISTRATOR INFORMATION
School Administrator (Printed): ___________________________ Date: _____ School/District: ____________________________

SIGNATURE: _______________________________________ [NOTE: Maintain list of trained, designated personnel]

Instructions for Administration of Epinephrine Auto-Injector

**EPIPEN® & EPIPEN JR®**

1. Remove the blue safety release by pulling straight up without bending or twisting it.
2. Swing and push firmly the orange tip against outer thigh so it “clicks.”
3. Hold firmly in place for 3 seconds to deliver drug.

**Auvi-Q™ (Epinephrine Injection, USP)**

**Directions**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**AdrenaCLICK®/AdrenaCLICK®**

**Generic Directions**

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2.”
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**Liability:** “Designated personnel, a school, and a health care professional prescribing an epinephrine auto-injector to a school shall be immune from any civil or criminal liability arising from the administration or self-administration of an epinephrine auto-injector under this section unless the person’s conduct constituted intentional misconduct. Providing or administering an epinephrine auto-injector under this section does not constitute the practice of medicine.” V.S.A. 16 § 1388.