

School Year _____

**Epinephrine Standing Order Protocol and Supplement Standing Order Certification Form
Request for Prescription/Annual Reauthorization**

I, the undersigned Physician, for the purpose of facilitating the use of Epinephrine in the case of Potentially Life-Threatening Allergic Reactions (anaphylaxis) in individuals and in compliance with all applicable state laws and regulations, issue this Epinephrine Standing Order Protocol (“Protocol”) on the following terms:

Physician License: I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of Epinephrine in emergency situations as further described below in a school setting.

Delegation: I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Issued to:

Name of School/District

Street Address

City, Zip Code

Standing Order: All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the school system may administer Epinephrine via an undesignated Epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction, such as anaphylaxis.

Emergency Treatment Procedures: The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is described as the sudden onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse. In the event of a serious adverse reaction, including anaphylaxis, the following shall be done:

1. **Symptoms:** If itching and swelling are confined to a localized area, observe the patient closely for the development of generalized symptoms. If symptoms are generalized, activate the emergency medical system (e.g., call 911). This should be accomplished by a second person while the individual is being evaluated and managed by the first person.

2. **Dosage:** If conditions of anaphylaxis are developing or present themselves, administer Epinephrine USP, 1 mg/mL, (1:1000) as epinephrine auto-injector, EpiPen, intramuscularly into the antero-lateral aspect of the thigh (through clothing if necessary) according to the manufacturer’s recommendation.

For individuals less than 66 pounds, use one EpiPen Jr. (0.3 mL epinephrine injection, USP, 1:2000) auto-injector to deliver 0.15 mg of epinephrine injection, USP.

For individuals 66 pounds and greater, use one EpiPen (0.3 mL epinephrine injection, USP, 1:1000) auto-injector to deliver 0.3 mg of epinephrine injection USP.

3. **Monitoring:** Closely monitor the individual until EMS arrives. Perform CPR and maintain airway, if necessary. Keep the individual in a supine position unless he/she is having difficulty breathing. If having difficulty breathing the individual's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.

5. **Frequency:** Monitor vital signs frequently. If EMS has not arrived and symptoms persist, a repeat dose of Epinephrine auto-injector every 5-20 minutes after the first dose may be administered.

6. **Referral:** The individual must be referred to a physician for medical evaluation, even if symptoms resolve completely. Symptoms may recur after the Epinephrine wears off, as much as 24 hours later.

7. **Documentation:** The details of the incident must be immediately documented in a writing.

8. **Notification:** Within 4 hours, the school must notify the individual's parent, guardian or caretaker and must notify the individual's primary care physician of the anaphylactic reaction.

Note: Epinephrine Auto-Injectors are available in 0.3mg dose (EpiPen 1:1000) and 0.15mg dose (EpiPen Junior 1:1000). Using two 0.15 doses to obtain 0.3mg dose is permissible.

In every case, emergency services must be contacted as soon as possible by calling 911.

Please review the attached prescription:

Effective Date: _____

Physician Signature: _____

Physician Name (printed): Robert Oldham, MD _____

Physician Contact Number: 530-745-3121 _____

Physician Address: 11484 B Avenue, Auburn, CA 95603 _____

Physician State License Number: A112080 _____

Strength	Quantity Requested
0.3 mg EpiPen 2- Pak	
0.15 mg EpiPen Jr. 2 Pak	

**Please note there are two auto-injectors per EpiPen 2-Pak or EpiPenJr 2-Pak. Example: If you wish to order 100 EpiPen Auto-injectors and 80 EpiPenJr Auto-injectors, put the number 50 in quantity requested box next to the 0.3mg EpiPen 2-Pak and 40 in the quantity requested box next to the 0.15mg EpiPenJr 2-Pak.*

STANDING ORDER CERTIFICATION FORM

Practitioner Name: Robert Oldham, MD
Practitioner Address: 11484 B Avenue, Auburn, CA 95603
Practitioner Phone: 530-745-3121
Date: _____

SHIPMENT INFORMATION

Recipient Name: _____
Recipient Title: _____
Recipient Address: _____

By signing this certification form, I certify that, under applicable state law, I may:

1. Purchase and possess quantities of EpiPen® (epinephrine) or EpiPen Jr® Auto Injectors (the “Product”);
2. Prescribe, furnish and administer the Product to patients;
3. Issue standing orders or otherwise delegate to appropriate persons the authority to prescribe, furnish or administer the Product to a student at a School or involved in a School-related activity, and;
4. Ship, or direct shipment of, quantities of the product to a School for prescribing, furnishing and administering to a student at the School or involved in School-related activity.

Practitioner Signature: _____ Date: _____