

Prescribed Medication Order with Allergy Reaction Plan

Name: _____

DOB: _____

Allergic to: _____

If patient develops mild reaction or hives, give:

Benadryl: _____ every 6-8 hours, as needed.

If patient develops systemic reaction involving airway swelling, difficulty breathing/ swallowing/ speaking, or diffuse exacerbation of hives, give: (circle one)

EpiPen Jr. 0.15mg (65lbs or less)

EpiPen 0.3mg (66 lbs or more)

If EpiPen is used, must call 911, go to ER for monitoring.

Notify parent.

Order date: _____ Discontinue: _____

Prescriber: _____

MD signature: