

對突發嚴重過敏反應的學生的緊急護理

腎上腺素自助注射針免責和免償協議

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS表格525-14
2023年8月
第1頁, 共2頁

第一部分: 由家長/監護人填寫

我在此請求並授權蒙郡公立學校(MCPS)和蒙郡健康和大眾服務部(DHHS)的工作人員遵照正規處方人員的指示(下面第二部分)給這名學生使用腎上腺素自助注射針。只要MCPS和DHHS的工作人員遵照下面第二部分中正規處方人員陳述的醫囑,我同意不追究和免除針對MCPS和DHHS及其官員、教職員或代理人因給這名學生服用處方藥而提出的訴訟、索賠要求或法律行動。我知道,注射可能會由一名受過培訓、但沒有執照的工作人員來操作。我已經讀過這份表格背面概述的規程,並將按要求承擔責任。

我明白,無論學生是否出現嚴重過敏的症狀,只要使用了腎上腺素自助注射針,學校就會致電救護小組(911)。

學生姓名: 姓 _____ 名 _____ 中間名縮寫 _____

MCPS ID# _____ 出生日期 ____/____/____ 學校名稱 _____

學生會吃MCPS餐廳提供的食物 是 否

家長/監護人簽名 _____ 電話 _____ - _____ - _____ 日期 ____/____/____

第二部分: 由正規處方人員填寫(TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER)

In accordance with Maryland State Regulations, the epinephrine auto-injector may be administered by unlicensed staff (DHHS School Health Room Technician (SHRT) or MCPS employee) that are trained by the School Community Health Nurse (SCHN). Unlicensed staff **do not** wait for symptoms for students with an authorized prescriber's order to administer the epinephrine auto-injector.

1. **Name of medication:** epinephrine auto-injector (*epinephrine auto-injector will not be accepted for the management of asthma*).
2. **Diagnosis:** Anaphylaxis/Severe allergic reaction to: _____

3. **Dosage of medication:** Check (✓) one: epinephrine auto-injector 0.15 mg. epinephrine auto-injector 0.3 mg.

4. Repeat dose in 10 minutes if rescue squad has not arrived.* Yes No

*NOTE: For repeat dose, a second epinephrine auto-injector must be ordered and brought to school.

5. **Time to be given at school: PRN. Check (✓) all that apply**

Ingestion of:

Peanut Tree nut Soy Sesame Fish Shellfish Wheat

Milk—safe in baked goods Yes No Egg—safe in baked goods Yes No

Other food(s) _____

Stinging insects—i.e., bees, wasps, hornets, yellow jackets

Other known or unknown allergen(s) (must include specific symptoms): _____

6. **Route of administration for epinephrine auto-injector:** Intramuscularly (IM) into anterolateral aspect of the thigh.

7. **Side effects:** Palpitations, rapid heart rate, sweating, nausea and vomiting: _____

THIS MEDICATION AUTHORIZATION IS EFFECTIVE Current school year, or Effective dates ____/____/____ to ____/____/____

Authorized Prescriber _____
Name—Print or Type Phone Number **Original Signature, Authorized Prescriber** _____
Date _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION: AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to Maryland State School Health Services Guidelines.

Prescriber's authorization for self-carry/self-administration of emergency medication:

Signature, Authorized Prescriber _____ Date ____/____/____

SCHN approval for self-carry/self-administration of emergency medication:

Reviewed by: Signature, SCHN _____ Date ____/____/____

第三部分: 由SCHN或校長填寫(TO BE COMPLETED BY THE SCHN OR PRINCIPAL)

Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the authorized prescriber's stationery/prescription form.

Medication properly labeled by a pharmacist. **Epinephrine auto-injectors** received: 1 injector 2 injectors

Reviewed by: Signature, SCHN/Principal _____ Date ____/____/____

資訊和規程

1. 如果沒有家長/監護人簽名的授權書、免責書和正規處方人員為確診患有嚴重過敏症的學生開具的醫囑/授權, 將不得在學校或學校主辦的活動中使用有單獨處方的腎上腺素自助注射針。
2. 這份表格必須保存在學生的健康檔案中。家長/監護人將負責獲得正規處方人員的指示/授權。(參見第二部分)校長或學校護士將確保表格中的所有項目都已填妥。
3. 在每個學年及每次劑量有變或接受腎上腺素自助注射針治療的病情有變化時, 家長/監護人都有責任向學校重新填交一份新的表格。
4. 正規處方人員可以用診所正式的信籤紙或處方簿來代替填寫第二部分。必須填寫的資訊包括: 學生姓名、腎上腺素自助注射針處方針對的過敏源、預先量好的腎上腺素劑量、視需要提供的第二支針劑處方、正規處方人員的簽名和日期。
5. 藥物必須由藥劑師貼上適當的標籤, 並且標籤內容必須與正規處方人員的醫囑一致。如果正規處方人員提供的處方中包括注射第二支腎上腺素自助針, 家長/監護人則必須提供另外一支腎上腺素自助注射針。
6. 藥物必須由家長/監護人或由家長/監護人指定的成人親自交給學校。工作人員**不得**給學生服用由學生自己帶來學校的藥物。
7. 由學校保管的所有藥物將保存在安全的地方, 只有得到授權的人員才能進入。
8. 家長/監護人必須負責在正規處方人員醫囑過期後的一週內或學年結束時取回沒有用完的藥物。在規定期限內沒有取回的藥物將被銷毀。
9. 學生自己攜帶/自己服用的急救藥必須要有正規處方人員開具的處方和家長/監護人同意書。學校護士必須評估並批准學生自己服藥的能力。學生必須明白在自行注射腎上腺素自動注射針後向保健人員或MCPS工作人員報告的必要性。
10. 如果對腎上腺素自動注射針的醫囑有問題, 學校護士可以根據《健康保險便利和責任法案》(HIPAA)的規定致電處方開具者。
11. 其它所有的處方藥都必須填寫MCPS表格525-13, 服用處方藥授權書, 免責和免償協議。