

ASSOCIATED ALLERGISTS AND ASTHMA SPECIALISTS

RESCUE MEDICATION FORM

Name _____ DOB _____ DATE _____

This patient has been diagnosed with: (Circle)

ASTHMA FOOD ALLERGIES ENVIRONMENTAL ALLERGIES INSECT STING ALLERGIES

THE FOLLOWING RESCUE MEDICATIONS HAVE BEEN PRESCRIBED BY THIS CHILD'S DOCTOR: (Check all that apply)

ASTHMA *SEE ASTHMA ACTION PLAN

____ **ALBUTEROL*** (Pro Air, Proventil, Ventolin, Xopenex) ____ Patient May Carry Inhaler

Dosage/Indication: 2 puffs every 4-6 hours as needed for wheezing, coughing, chest tightness, difficulty breathing or shortness of breath.

Side effects may include shakiness and hyperactivity.

____ Patient May Self-administer Inhaler ____ Patient has been trained and has demonstrated correct technique
____ Supervision Required ____ Patient must use Inhaler with Chamber (mouthpiece or mask)

INHALER INSTRUCTIONS:

Inhaler without chamber or chamber with mouthpiece – 1 puff, breathe in deeply. Hold for 10 seconds. Wait 1 minute. Repeat with 2nd puff.

Chamber with mask – 1 puff, take 4-6 breaths, wait one minute then repeat with 2nd puff.

- If inhaler is new, shake and prime 4 times before giving dose. If two weeks or more since last dose, shake and prime with 2 puffs before giving dose.

ALLERGIC REACTION/ANAPHYLAXIS **SEE FOOD ALLERGY/ANAPHYLAXIS ACTION PLAN

____ **EPINEPHRINE Auto-injector** (Epinephrine 0.15mg or 0.30mg) ____ Patient May Carry Epinephrine
____ Patient May Self-administer Epinephrine ____ Supervision Required
____ Patient has been trained and has demonstrated correct technique on self-administration of **Epinephrine**.

Epinephrine Dosage/Indication: 1 intramuscular injection into thigh to treat symptoms of a **severe allergic reaction including many hives over body, swelling of the face, throat or mouth, cough, shortness of breath or difficulty breathing. CALL 911. 2nd dose may be given after 10-15 minutes if symptoms recur.**

Side effects may include paleness, shakiness, increased heart rate, nausea.

____ **BENADRYL**** _____ (dose) ____ May Self-administer ____ Requires Supervision

Dosage/Indication: Dose is weight dependent. To be given for **mild hives, itchy rash, runny nose and mild to moderate allergic symptoms.**

Side effects may include fatigue and dry mouth.

MD Name _____ MD Signature _____

Phone _____ Address Stamp: _____