



PEDIATRIC ASSOCIATES
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Prescribed Medication Order with Allergy Reaction Plan

Name: _____

DOB: _____

ALLERGIC TO: _____

If patient develops mild reaction or hives, give

Benadryl: _____ mg

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

EpiPen Jr. 0.15mg (<60lbs) _____

EpiPen 0.3mg (>60lbs) _____

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

Notify parent.

Order Date: _____ Discontinue: _____

Prescriber: _____

M.D. Signature: _____

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