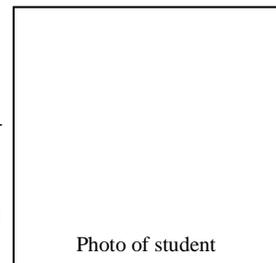


_____ 's **Emergency Allergy Action Plan**

Student's Name _____

Student's DOB: _____ School: _____ Teacher/Homeroom: _____



Allergy to: _____ (Do separate order if both insect and food allergy)

Asthma: Yes* No *Higher risk for severe reaction

Extremely reactive to the following: _____

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* (eaten or stung).
- If checked, give epinephrine immediately if the allergen was *definite* (eaten or stung) even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following life threatening symptoms:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue &/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call **911** *State that an allergic reaction has been treated, and additional epinephrine may be needed*

- 3. Monitor student
- 4. Give additional medications:*
-Antihistamine
-Inhaler (bronchodilator) if ordered for asthma

*Antihistamines & inhaler bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

- 2. Stay with student; alert healthcare professionals and parent
- 3. **Monitor** student
- 4. If symptoms become severe use **Epinephrine**

Physician Medication Order:

Epinephrine: inject intramuscularly (choose one):

- EpiPen® or Adrenaclick™ (0.3 mg) student 66 lbs or more
- EpiPen® Jr. or Adrenaclick™ (0.15 mg) student 33 to 66 lbs
- TwinJect® (0.3 mg) student 66 lbs or more
- TwinJect® (0.15 mg) student 33 to 66 lbs

Antihistamine brand: _____ **Dose:** _____ **Route:** _____

Other (e.g., inhaler-bronchodilator): _____ **Dose:** _____ **Route:** _____

School Considerations: May Self Carry (6th grade and higher) Yes No

Epinephrine must accompany the student if he/she is outside. Yes No

Epinephrine must accompany the student if he/she is off school ground (i.e., field trip). Yes No

Epinephrine must be available on routine bus ride transportation. Yes No

Physician Signature*: _____ Date: _____

Physician Office: _____ Phone: _____ Fax: _____

*MD- please print and sign. Parent to complete their section on back and return to school nurse with medications ordered ASAP. You may also fax this page without loss of confidentiality to: 250-6095. Thank you! BCDH

Trained Staff Members

1. _____ Classroom _____
2. _____ Classroom _____
3. _____ Classroom _____

EpiPen® and Directions

- Pull off blue



EpiPen® Jr.

safety release.

- Hold orange tip near outer thigh (always apply to thigh; it is designed to work through clothing.).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled “1” and “2.”

- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, and then remove.



Adrenacllick 0.3mg and Adrenacllick 0.15mg Directions

- Pull off **GREY** cap labeled “1” and “2.”



- Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Children with food allergies **MAY NOT EAT** during routine bus transportation.

Epinephrine and emergency bronchodilators are not to be kept locked and may be self carried per your school's policy. I agree that my child (6th grade or higher) may carry his/her epinephrine. Yes No

Emergency Contact information:

1 Parent/Guardian: _____ Phone (w): _____ (c): _____ (h): _____

2 Parent/Guardian: _____ Phone (w): _____ (c): _____ (h): _____

I give permission to school staff to give the medication listed above as instructed. School staff may exchange information with MD. Fax transmittal between school and medical office may not be confidential.

Parent /Guardian Signature: _____ Date: _____

RN must review plan. Copy of care plan to be kept in main office and in classroom(s)

School Nurse Signature: _____ Date: _____

