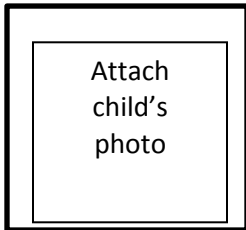


## Allergy and Anaphylaxis Emergency Plan

<b>Name:</b>	<b>Date of Birth:</b>	<b>Weight:</b>	<b>lbs / kg</b>
<b>Date of Plan:</b>	<b>Age:</b>		
<b>ALLERGIES:</b>			

Child has asthma: yes / no (if yes, higher chance of a severe reaction)  
 Child has had anaphylaxis: yes / no (if yes, higher chance of a severe reaction)  
 Child may carry medicine: yes / no  
 Child may give him/herself medicine: yes / no (if child refuses, an adult must give medicine)



**The "Always-Epinephrine" Option:** If checked, **give epinephrine** immediately, if the child has ANY symptom (mild or severe) after a sting or eating a food listed above. (Option advised for those schools where a nurse is not always present.)

**\*\*IF IN DOUBT, GIVE EPINEPHRINE!** ANAPHYLAXIS is a potentially life-threatening, severe allergic reaction

<p><b>For SEVERE Allergy or Anaphylaxis</b></p> <p><b>What to look for:</b></p> <p>If child has ANY of these symptoms after eating a food or having a sting, <b>give epinephrine</b></p> <ul style="list-style-type: none"> <li>➤ <b>Breathing:</b> trouble breathing, wheeze, cough</li> <li>➤ <b>Throat:</b> tight or hoarse throat, trouble swallowing or speaking</li> <li>➤ <b>Brain:</b> confusion, agitation, dizziness, fainting, unresponsiveness</li> <li>➤ <b>Gut:</b> severe stomach pain, vomiting, diarrhea</li> <li>➤ <b>Mouth:</b> swelling of lips or tongue that affects breathing</li> <li>➤ <b>Skin:</b> many hives or redness over body, face color is pale or blue</li> </ul>	<p style="text-align: center;"></p> <p><b>Give EPINEPHRINE!</b></p> <p><b>What to do:</b></p> <ol style="list-style-type: none"> <li>1. <b>Inject epinephrine right away!</b> Note the time.</li> <li>2. Call 911                     <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine</li> <li>• Tell rescue squad when epinephrine was given</li> </ul> </li> <li>3. Stay with child and:                     <ul style="list-style-type: none"> <li>• Call parents</li> <li>• <b>Give a second dose of epinephrine</b> if symptoms worsen or do not get better in 5 minutes</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side</li> </ul> </li> <li>4. Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine.</li> </ol>
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<p><b>For MILD Allergic Reaction</b></p> <p><b>What to look for:</b></p> <p>If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, give antihistamine and monitor the child.</p> <p>Mild symptoms may include:</p> <ul style="list-style-type: none"> <li>➤ <b>Skin:</b> a few hives, mild rash, mild swelling, OR</li> <li>➤ <b>Mouth/nose/eyes:</b> itching, rubbing, sneezing, OR</li> <li>➤ <b>Gut:</b> mild stomach pain, nausea or discomfort</li> </ul> <p>Note: if the child has more than one mild symptom area affected, <b>give epinephrine</b></p>	<p style="text-align: center;"></p> <p><b>Give Antihistamine and Monitor the Child</b></p> <p><b>What to do:</b></p> <ol style="list-style-type: none"> <li>1. Give antihistamine if prescribed</li> <li>2. <b>If in doubt, give epinephrine</b></li> <li>3. Call parents</li> <li>4. Watch child closely for 4 hours</li> <li>5. <b>If symptoms worsen, give epinephrine</b> (See "For SEVERE Allergy and Anaphylaxis")</li> </ol>
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**Medicine/Doses**

Epinephrine (intramuscular in thigh):     0.1 mg                       0.15 mg                       0.30 mg  
 Antihistamine (by mouth):  Diphenhydramine \_\_\_\_\_mg ( \_\_\_\_\_ml)  Other \_\_\_\_\_: \_\_\_\_\_ mg ( \_\_\_\_\_ml)  
 Other medications:  Albuterol 4 puffs  other: \_\_\_\_\_

<b>PROVIDER Signature</b>	<b>Date</b>	<b>Name (printed)</b>	<b>Phone</b>	<b>NPI#</b>
<b>PARENT/GUARDIAN Signature</b>	<b>Date</b>	<b>Name (printed)</b>	<b>Phone</b>	

*I authorize the school to follow Plan and contact the Health Care Provider, and release the school district and personnel from civil liability*

Reviewed by school nurse: \_\_\_\_\_ Date: \_\_\_\_\_

# Allergy and Anaphylaxis Emergency Plan

Child's name: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Additional Instructions:

## **Contacts**

Doctor name (print): \_\_\_\_\_  
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Office Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian name (print) : \_\_\_\_\_ Phone: \_\_\_\_\_

## **Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Reviewed by school nurse: \_\_\_\_\_ Date: \_\_\_\_\_