

SEVERE ALLERGY EMERGENCY CARE PLAN

Student: _____ Date of Birth: _____ School Year: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Phone number(s): _____

ALLERGY TO: _____ Type of Reaction: () Anaphylaxis () Other _____

*Asthmatic () Yes () No * Higher risk for severe reaction

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

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 and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling of eyes, lips, face or extremities

GUT: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY: If child has been exposed to allergen, but no symptoms (symptoms can become more serious very quickly or over the next few hours)

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/or parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see below)

Medications/Dosage

Epinephrine—inject intramuscularly (brand and dose): _____

Antihistamine: (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

MONITORING

1. Stay with student. Contact health care professionals and parent.
2. Administer appropriate medication as outlined above and note time.
3. If epinephrine is administered, call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
4. Keep student lying on back with legs raised.
5. **EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO THE NEAREST MEDICAL FACILITY!**

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____



Epinephrine Autoinjector Training Sheet

The appropriate Allergy Action Plan or medication permission form for the current school year must on file in order for school staff to assist in the use of an epinephrine autoinjector. It is the responsibility of the parent/guardian to provide the school with the epinephrine autoinjector.

The following have been trained on proper use and administration of the epinephrine autoinjector.

Name of injector trained to use: Circle EpiPen Twinject

Name	Room	Date	Name	Room	Date
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

Signature of School Nurse providing training _____

Physician to complete for students self-medicating

- I have instructed the above named student in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.

Physician Signature _____

Date _____

Parent/Guardian Signature _____

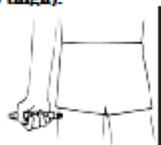
Date _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- 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



- Pull off green end cap, then red end cap.

- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

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

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.

- Slide yellow or orange collar off plunger.



- Push needle into thigh through skin, push plunger down all the way and remove.



Once the EpiPen or Twinject is used, call the rescue squad. Take the used unit with you to the Emergency Room. Plan to stay for observation in the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate action plans for different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

Nurse Signature/Date _____

File original in Individual Health Record

Copies to appropriate staff and EAP Notebook

Revised: June 2006