



SEVERE ALLERGY AND ANAPHYLAXIS EMERGENCY CARE PLAN

School Year _____

Student's weight: _____

Student Name: _____ D.O.B. _____

Allergy type(s) Food Insect Medication Environmental

Allergic to : _____

Check if Student has Asthma (higher risk for severe reaction)

Parent or guardian name/signature: _____ Phone: _____

Mild Symptoms

Print name _____ sign _____

If checked, give epinephrine immediately for **ANY** symptoms if the student was possibly exposed to the allergen.

- MOUTH** - Itchy mouth
 - NOSE** - Itchy/Runny Nose, Sneezing
 - SKIN** - A few hives, mild itch
 - Stomach** - Mild nausea/discomfort
1. Give Antihistamines, if ordered by physician.
 2. Stay with student; alert emergency contacts.
 3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

Severe Symptoms

NOTE: Do not depend on antihistamine or inhalers to treat a severe reaction. **Use epinephrine.**

If checked, give epinephrine immediately if the student was definitely exposed to the allergen, even if there are no symptoms.

- MOUTH** - Itchy mouth, swelling of tongue/lips
 - Throat** - Tight, hoarse, trouble breathing/swallow
 - SKIN** - Many hives over a body, widespread redness
 - Stomach** - Repetitive vomiting/severe diarrhea
 - LUNG** - Short of breath, wheezing repetitive cough
 - HEART** - Pale, blue, faint, weak pulse, dizzy
 - OTHER** - Feeling of impending doom, anxiety, confusion, or combination of mild or severe symptoms from different body areas
1. **Inject Epinephrine immediately!**
 2. **Call 911.** Request ambulance with epinephrine:
- *Consider giving additional medications (following or with the epinephrine):
- >Antihistamine
 - >Inhaler (bronchodilator) if asthma
- *Lay student flat and raise legs.
 *If breathing is difficult, or they are vomiting, let them sit up or lie on their side.
 *Alert Emergency contacts.
 *Transport student to ER even if symptoms resolve.
 *Student should remain in ER for 4+ hours because symptoms may return.

Medication Orders

Epinephrine Brand/type Epipen 0.3 mg IM Epipen Jr 0.15 mg IM Auvi Q 0.3 mg IM Auvi Q 0.15 mg IM

If checked- repeat dosing if symptoms worsen, or do not improve after 5 minutes of initial dose.

Check box if generic substitute is not allowed. Must complete Authorization to Carry and Self Administer form to carry EpiPen.

Medication	Dose	Route	Frequency	Comments:

Authorization to Carry and Self-Administer Medication

Authorization to Carry and Self-Administer Epinephrine Auto-Injector - Must be completed by Health Care Provider

Student may carry and self-administer Epinephrine Auto-Injector Yes No If yes, must complete the following:

- Student instructed on and verbalized understanding of the name, purpose, dose of medication.
- Student instructed on disease process of anaphylaxis and verbalized understanding of when to take medication.
- Student instructed on and verbalized understanding of his/her responsibility in carrying medication(s) and agrees not to share
- Student demonstrated correct use/administration of medication.

I, the student, understand that I am responsible and accountable for using and carrying the above medication as prescribed. I also understand that if there is irresponsible behavior or a safety risk the privilege of carrying the above medication will be rescinded.

Student's Signature _____ Date _____

LHC Provider Name/Signature: _____ Date: _____

LHC Provider Office Number: _____ LHC Provider Fax: _____

Nurse's Signature: _____ Date: _____