

Valid for School Year \_\_\_\_\_ to \_\_\_\_\_

# Solana Beach School District

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Auto Injector \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Antihistamine \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

PLACE  
PICTURE  
HERE

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following foods:** \_\_\_\_\_

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

### FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



#### LUNG

Short of breath,  
wheezing,  
repetitive cough



#### HEART

Pale, blue,  
faint, weak  
pulse, dizzy



#### THROAT

Tight, hoarse,  
trouble  
breathing/  
swallowing



#### MOUTH

Significant  
swelling of the  
tongue and/or lips



#### SKIN

Many hives over  
body, widespread  
redness



#### GUT

Repetitive  
vomiting, severe  
diarrhea



#### OTHER

Feeling  
something bad is  
about to happen,  
anxiety, confusion

OR A  
COMBINATION  
of symptoms  
from different  
body areas.



### 1. INJECT EPINEPHRINE IMMEDIATELY.

2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

### MILD SYMPTOMS



#### NOSE

Itchy/runny  
nose,  
sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives,  
mild itch



#### GUT

Mild nausea/  
discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE

PHYSICIAN/HCP SIGNATURE

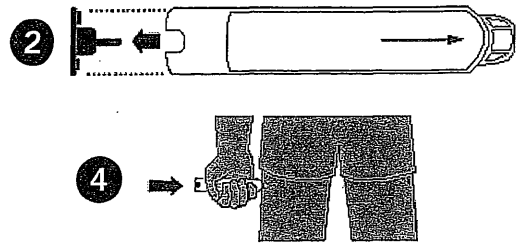
DATE

CA MED LICENSE # \_\_\_\_\_



## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



### PARENT AUTHORIZATION FOR SPECIALIZED PHYSICAL HEALTHCARE SERVICE: (this authorization is valid for a maximum of one school year)

- I understand that only personnel meeting the requirements of California Education and Administration Codes will be performing the above mentioned healthcare service and will be using only the standardized procedure approved by our physician.
- **I will provide the necessary supplies & equipment including, medicine(s) in the prescription container(s) which is labeled with the name of my child, the prescribing physician's name, dosage, time for administering and current date printed on the container.**
- I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the district nurse.
- **Prescription and nonprescription medications are not permitted to be taken at school without a written statement from CA prescribing physician and this written statement from the parent indicating desire that the district assist the student as set forth in the physician's statement.**
- I agree to save and hold the district, it's officers, employees or agents, harmless from all liability, suits or claims, or whatever nature of kind, which might arise as a result of administering the medication in accord with this request.
- To facilitate the foregoing, I hereby grant permission for the exchange between our physician and the Solana Beach School District of that confidential medical information contained in my child's records necessary to accomplish this service.
- **I will notify the school immediately if the health status of my child changes, we change physicians, or If any of the conditions in the Physician's Authorization Form change, and the provide the school with a new physician's authorization form signed by the parent/guardian and the physician.**

Parent/Guardian Authorization Signature \_\_\_\_\_

Date \_\_\_\_\_

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

## EMERGENCY CONTACTS – CALL 911

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact (Name/relationship): \_\_\_\_\_ Phone: \_\_\_\_\_