


## 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>Grade:</b>	
<b>ALLERGIES:</b>			

1. Child has asthma: yes / no (if yes, higher chance of a severe reaction)
2. Child has had anaphylaxis & epinephrine was previously given: yes / no (if yes, higher chance of a severe reaction)
3. Child may carry and self administer: yes / no
4. Physician and parent have instructed student on proper use to self carry: yes / no

**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> face color is pale or blue, many hives or redness over body</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):     0.15 mg     0.30 mg

Antihistamine (by mouth):     Diphenhydramine \_\_\_\_\_ mg.     Other \_\_\_\_\_ Dose: \_\_\_\_\_

Other medications:     Albuterol Dose: \_\_\_\_\_     Other \_\_\_\_\_ Dose: \_\_\_\_\_

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**PROVIDER Signature**      **Date**      **CA Med License #**      **Name (printed)**      **Phone**      **Fax**

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**PARENT/GUARDIAN Signature**      **Date**      **Name (printed)**      **Phone**

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

# 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: \_\_\_\_\_

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