

Allergy and Anaphylaxis Emergency Plan

Date of Plan:

Student's Name:	Date of Birth:	Age:	Weight:	pounds (kg)
Student's School System:		Student's School: _		
Student has allergy to				
Student has asthma D Yes (If yes, higher risk	for severe reacti	ion) ロ No		
Student has had anaphylaxis 🗖 Yes 🗖 No				

Student has recieved instruction and has permission to self-carry epinephrine and use independently DYes DNo

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas



Shortness of breath, wheezing, or coughing

Many hives

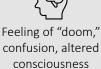
or redness

over body

Pale or bluish skin, weak pulse, fainting or dizziness

oluish Tight or hoarse reak throat, trouble inting breathing or ness swallowing

Þ



lips or tongue that bothers breathing

Swelling of



Repetitive vomiting or severe diarrhea

□ SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): ______. Even if child has MILD symptoms after a

or agitation

sting or eating these foods, give epinephrine.

$\mathbf{1}$

1. Inject epinephrine right away!

Note time when epinephrine was given.

2. Call 911.

- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:

- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine

- Antihistimine
- Inhaler/bronchodilator if wheezing

MILD SYMPTOMS



Itchy or Itchy mouth runny nose, sneezing

من Mild nausea or discomfort



mild itchy

skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type):

	· · · · · · · · · · · · · · · ·
Epinephrine Dose:	0.1 mg (7.5 kg to less than 13kg)
	□ 0.15 mg (13 kg to less than 25 kg)
	□ 0.3 mg (25kg or more)
Antihistamine. by	mouth (list type):

Antihistamine, by mouth (list type): ______ Antihistime Dose: ______ Other (e.g., inhaler/bronchodilator if child has asthma):

EMERGENCY CONTACTS

Healthcare Provider:	
Phone:	
Parent/Guardian:	
Phone:	
Other Emergency Contact Name/Polationship	

Other Emergency Contact Name/Relationship:

Phone: