

Allergy and Anaphylaxis Emergency Plan



Nurse Fax Numbers	
Greenwich Elementary	610-756-3079
Kutztown Elementary	610-683-3558
Kutztown Middle School	610-683-7386
Kutztown High School	610-683-6796

Student name: _____

Date of plan: _____ Teacher: _____

Date of birth: ___/___/___ Weight: _____ lbs.

Student has allergy to _____

- Student has asthma. Yes No (If yes, higher chance severe reaction)
- Student has had anaphylaxis. Yes No
- Student may carry medicine. Yes No
- Student may give self medicine. Yes No (If student refuses/unable to self-treat, an adult must give medicine)

Attach
Student's
Photo

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

***In the absence of a nurse, Epinephrine ONLY will be administered by a trained staff member.**

<p>For Severe Allergy and Anaphylaxis- What to look for</p> <p>If the student has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body. • Feeling of "doom," confusion, altered consciousness, or agitation <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> SPECIAL SITUATION: If this box is checked, Student has an extremely severe allergy to the above listed allergen. Even if Student has MILD symptoms after a sting or eating these foods, give epinephrine. </div>	<p>Give epinephrine! -What to do</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with Student and: <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. <ul style="list-style-type: none"> • Antihistamine • Inhaler/bronchodilator
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<p>For Mild Allergic Reaction- What to look for</p> <p>If the student has had any mild symptoms, monitor.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor student- What to do</p> <p>Stay with student and:</p> <ul style="list-style-type: none"> • Watch student closely. • Give antihistamine (if prescribed). • Call parents and Student's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
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Medicines/Doses: Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (> 66lbs.)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Physician/HCP Authorization PRINT: _____

Physician/HCP Authorization Signature: _____ Date: _____

Parent/Guardian Authorization Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Allergy and Anaphylaxis Emergency Plan

Student's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____