Emergency Action Plan: Allergy / Anaphylaxis

Student Name: _____ DOB: _____ School Year: _____
Teacher/Classroom: _____ Grade: _____ ☐ Emergency Med ☐ Self-carry

Emergency Contact Information		
Parent/Guardian:	Relationship:	Phone:
Parent/Guardian	Relationship	Phone:
Physician:	Phone:	Fax:

Allergy Information			
Allergy:	Symptoms	Onset	Relieved by
☐ Peanuts ☐ Tree nuts ☐ Soy ☐ Latex ☐ Wheat ☐ Fish ☐ Shellfish ☐ Animals/dander ☐ Dairy (safe / NOT safe to have baked milk/cheese) ☐ Eggs (safe / NOT safe to have baked eggs) ☐ Artificial dyes ☐ Insect stings: _____ ☐ Other: _____	☐ Mild ☐ Moderate ☐ Severe Describe: _____ _____ _____ ☐ Previous hospitalization for allergy or anaphylaxis? Y / N	☐ Immediate ☐ Delayed ☐ Other:	☐ No intervention necessary ☐ OTC medication: _____ ☐ Emergency Epi-Pen: _____ ☐ Other: _____
Routine allergy medication/dose/route/times:			

Actions for MILD to MODERATE Allergic Reaction

Mild Symptoms	**For MILD SYMPTOMS from a SINGLE SYSTEM area, do this:**
Nose – itchy, runny nose, sneezing Mouth – itchy mouth, tongue Skin – a few hives, mild itch Gut – mild nausea, discomfort, one episode of mild vomiting (not repetitive) **For MILD SYMPTOMS from MORE THAN ONE system area, GIVE EPINEPHRINE!**	- FOR A **FOOD ALLERGY**: Rinse mouth out with water, wash body parts touched by allergen - FOR **INSECT STING**: Remove stinger without squeezing or pinching, apply ice to site and elevate • Antihistamines may be given if ordered by a healthcare provider • Alert parent or emergency contact • Stay with the student • Watch closely for changes. Administer epinephrine if symptoms worsen

Actions for SEVERE Allergic Reaction

Severe Symptoms	**For SEVERE SYMPTOMS do this:**
Lung – short of breath, wheezing, repetitive cough Heart – pale skin, blue coloring, weak/thread pulse, dizzy Throat – hoarse, itchy, trouble breathing or swallowing, stridor (whistling sound when breathing), student complains of feeling "tight" Mouth – itching/swelling of the lips, tongue, and/or mouth Skin – many hives over the body, widespread redness, generalized swelling Gut – repetitive vomiting, cramps, diarrhea Other – anxiety, confusion, feeling of impending doom	1. Inject Epinephrine immediately, note time it was given 2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive 3. Alert parent or emergency contact 4. Consider giving additional medications following epinephrine if ordered: • Antihistamine • Inhaler (if wheezing) 5. Lay the student flat, raise legs, keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side • Monitor breathing/pulse – be prepared to start CPR 6. If symptoms do not improve, or symptoms return, a 2nd dose of epinephrine can be given 5 minutes after or more after the last dose 7. Transport student to the Emergency Room (even if symptoms resolve) as symptoms can return.

Emergency Rescue Medication ☐ Self-carry ☐ Classroom ☐ Health Office ☐ Other:			
Medication	Dose	Physician/Label Instructions	Side effect

As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for the completion of this EAP. I understand the information contained in this order will be shared with the school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, healthcare needs, or medical order. **Initial:** _____
If medication is ordered, I authorize school staff to administer medication (described above) to my child. If prescription is changed, a new "Physician's Authorization for Medication at School" form must be completed before the school staff can administer the medication. **Initial:** _____
Parents/guardians are responsible for maintaining necessary supplies, medications, and equipment. **Initial:** _____

Parent Signature: _____ **Initials:** _____ **Date:** _____

School Nurse Signature: _____ Date: _____ Distributed to Staff on: _____