

**Severe Allergic Reaction
Emergency Action Plan**

Use separate form for each allergy
Must be signed by physician

Student:	Parent/Guardian:
DOB:	Home/Cell:
Teacher: Gr: Car#	
	Work:

ALLERGIC TO _____
Ex.: Latex - bee stings - wasps - mosquitoes - food (name each food) - medication (name each medication)

For these symptoms:	Give (Doctor, please indicate):
No symptoms	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Mouth - tingling, itching, swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Skin - hives, itchy rash, swelling of face, arms, legs	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Gut - nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Throat* - tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Lungs*-shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Heart* - weak, uneven pulse, low blood pressure, fainting, pale, blue	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
*Very Serious, Call 911 immediately	
<i>DO NOT HESITATE TO CALL 911 DO NOT HESITATE TO GIVE MEDICATION</i>	If antihistamine is given, call parent/guardian If epinephrine auto-injector is used, call 911
This care plan serves as medication permission form when signed by healthcare provider and parent/legal guardian.	
Pediatric Dose	Adult Dose
Benadryl 12.5 mg __tsp__ tablet __gel capsule	Benadryl 25 mg __tsp__ tablet __gel capsule
Epipen 0.15 mg auto-injector (one pen)	Epipen .3 mg auto-injector (one pen)
Twin-ject 0.15 mg auto-injector (two pens)	Twin-ject .3 mg auto-injector (two pens)
Adrenacllick 0.15 mg auto-injector (one pen)	Adrenacllick .3 mg auto-injector (one pen)
LOCATION OF MEDICATION _____ *Staff training: see other side or attach documentation	All auto-injector epinephrine is given IM (intramuscularly). Asthma inhalers do not replace auto-injector epinephrine.

What usually happens to your child during the allergic reaction? _____

Health Care Provider Signature: _____ **Date:** _____
Office Ph. No.: _____ **Fax No.:** _____

Parent Permission
 I hereby give my permission for my child (named above) to receive medication during school hours. A licensed physician has prescribed this medication; therefore, I hereby release the Anderson Creek Academy Board, their agents and employees for all liability that may result from my child taking the prescribed medication. I consent for the medical provider to disclose health or medical information regarding the above prescribed medication. This information will be shared with school staff as deemed necessary unless you state otherwise. This consent is good for the current school year unless revoked in writing.

Parent/Guardian Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

**Adapted from Food Allergy Network allergic care plan.*

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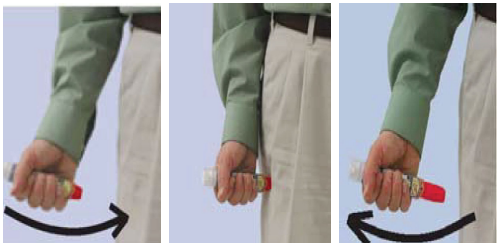


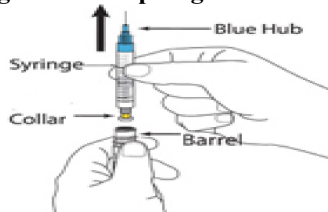

Staff Training

Staff training for use of an epinephrine auto-injector must be conducted each school year and at any time the teacher assignment changes during the school year. Training verification must be on file with the care plan for each student. It is the parent/legal guardian responsibility to provide epinephrine medication for use during school hours.

Staff trained for: EpiPen / EpiPen Jr / Twinject .3 / Twinject .15 / Adrenaclick .3 / Adrenaclick .15 / AuviQ

Name	Room	Date	Name	Room	Date
1. _____			3. _____		
2. _____			4. _____		

Trained by _____

<p><u>EpiPen®(Yellow) and EpiPen® Jr. (Green)</u></p> <ul style="list-style-type: none"> ● Remove from carrier tube ● Grasp the pen with the orange tip pointing downward, the needle comes out of the orange tip. ● Pull off blue safety release.  <ul style="list-style-type: none"> ● Hold orange tip near outer thigh (always apply to thigh). ● Swing and firmly push orange tip against outer thigh until the auto-injector mechanism "clicks".  <ul style="list-style-type: none"> ● Hold in place and count to 10. ● Remove the EpiPen® unit and massage the injection area for 10 seconds. The orange tip will extend to cover the needle. 	<p>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</p>  <ul style="list-style-type: none"> ■ Pull off green end cap, then red end cap. ■ Put gray cap against outer thigh, jab firmly until needle penetrates skin. Hold for 10 seconds, then remove.  <p>SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ■ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base. ■ Slide yellow or orange collar off plunger.  <ul style="list-style-type: none"> ■ Push needle into outer thigh, push plunger down all the way, remove pen 
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If EpiPen or Twinject is used, call 911/EMS. State "an epipen was used for an allergic reaction. Take used epinephrine auto-injector with you to Emergency Room, or give to EMT/911 personnel.

School Nurse Signature: _____ Date _____