Allergy and Anaphylaxis Emergency Plan

Name:	Date of Birth:	Weight: lbs / kg
Date of Plan:	Age:	
ALLERGIES:		

Child has asthma: yes / no (if yes, higher chance of a severe reaction)
Child has had anaphylaxis: yes / no (if yes, higher chance of a severe reaction)
Child may carry medicine: yes / no
Child may give him/herself medicine: yes / no (if child refuses, an adult must give medicine)

Attach child's photo

☐ **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

For SEVERE Allergy or Anaphylaxis **What to look for:**	**Give EPINEPHRINE!** **What to do:**
If child has ANY of these symptoms after eating a food or having a sting, **give epinephrine** ➢ Breathing: trouble breathing, wheeze, cough ➢ Throat: tight or hoarse throat, trouble swallowing or speaking ➢ Brain: confusion, agitation, dizziness, fainting, unresponsiveness ➢ Gut: severe stomach pain, vomiting, diarrhea ➢ Mouth: swelling of lips or tongue that affects breathing ➢ Skin: face color is pale or blue, many hives or redness over body	1. **Inject epinephrine right away!** Note the time. 2. Call 911 • Ask for ambulance with epinephrine • Tell rescue squad when epinephrine was given 3. Stay with child and: • Call parents • **Give a second dose of epinephrine** if symptoms worsen 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 their side 4. Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine.

For MILD Allergic Reaction **What to look for:**	**Give Antihistamine and Monitor the Child** **What to do:**
If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, give antihistamine and monitor the child. Mild symptoms may include: ➢ Skin: a few hives, mild rash, mild swelling, OR ➢ Mouth/nose/eyes: itching, rubbing, sneezing, OR ➢ Gut: mild stomach pain, nausea or discomfort Note: if the child has more than one mild symptom area affected, **give epinephrine**	1. Give antihistamine if prescribed 2. **If in doubt, give epinephrine** 3. Call parents 4. Watch child closely for 4 hours 5. **If symptoms worsen, give epinephrine** (See "For SEVERE Allergy and Anaphylaxis")

Medicine/Doses

Epinephrine (intramuscular in thigh): □ 0.15 mg □ 0.30 mg
Antihistamine (by mouth): □ Diphenhydramine _____mg (_____ml) □ Other_____: _____ mg (_____ml)
Other medications: □ Albuterol 2-4 puffs □ other: _____

PROVIDER Signature **Date** **Name (printed)** **NPI** **Phone** **FAX**

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

Reviewed by school nurse: _____ Date: _____ _____

Allergy and Anaphylaxis Emergency Plan

Child's name: _____ Date of Plan: _____

Additional Instructions:

Contacts

Doctor name (print): _____ Office Phone: (___) _____-_____
Office Address: _____ Office Fax: (___) _____-_____
_____
_____

Parent/Guardian name (print): _____ Phone: _____

Parent/Guardian name (print) : _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Reviewed by school nurse: _____ Date: _____ _____