

American Christian School

Allergy Emergency Action Plan (All Areas Must Be Completed)

Student's Name _____ D.O.B. _____
 Weight: _____ Grade: _____

ALLERGY TO: _____

Asthmatic: Yes _____ (*Higher risk for severe reaction) NO _____

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

STEP 1: TREATMENT BY SCHOOL NURSE

Symptoms: Give Checked Medication : ** To determined by physician authorizing treatment	Give
§ If a food allergen has been ingested, or if stung, but no symptoms:	Epinephrine Antihistamine
§ Mouth: Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine Antihistamine
§ Skin: Hives, itchy rash, swelling of the face or extremities	Epinephrine Antihistamine
§ Gut: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine Antihistamine
§ Throat: †Tightening of throat, hoarseness, hacking cough	Epinephrine Antihistamine
§ Lung: † Shortness of breath, repetitive coughing, wheezing	Epinephrine Antihistamine
§ Heart: † Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine Antihistamine
§ Other: † _____	Epinephrine Antihistamine
§ If reaction is progressing (several of the above areas affected), give	Epinephrine Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening.

MEDICATION DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen Jr.®
 Twinject™ 0.3mg Twinject Jr.™0.15mg

Epinephrine may be repeated in 5-7 minutes if symptoms do not improve

Antihistamine:

give _____
medication/dose/route

Other:

give _____
_____ medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship Phone Number(s)

- a. _____
1.) _____ 2.) _____
b. _____
1.) _____ 2.) _____

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT

(Please check one):

P.L. 2007, c 57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene

_____ Delegate Order – For suspected exposure to allergen(s) listed above, delegates are to immediately administer prescribed auto-inject epinephrine.

Note: Delegates will not be able to administer antihistamine as the first treatment.

_____ This student's order should not be delegated.

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one):

P.L. 207, c 57 directs that a student may be permitted to self-administer medications for potentially life-threatening illnesses, provided proper procedures are followed.

_____ Student IS NOT capable of self-administration.

_____ Student IS capable of self-administration, has been instructed in its use, and may carry an epinephrine auto-injector with him/her.

Note any special student accommodations: _____

Parent Signature _____ Date _____

Physician Signature _____ Date _____

Physician Stamp: