**MORRIS SCHOOL DISTRICT**

**Allergy Emergency Action Plan**

**Student’s picture**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gr/hmrm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Weight \_\_\_\_\_\_\_\_\_\_ lbs. Asthma** Yes (higher risk for a severe reaction) N No

**\*\*\*\*PLEASE NOTE: NON-MEDICAL TRAINED DESIGNEE MAY GIVE ONLY EPINEPHRINE, NOT ANTIHISTAMINES\*\*\*\***

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| **Extremely reactive to the following** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **THEREFORE:**  **If checked, give epinephrine immediately for ANY symptoms if there is likely allergen ingestion/exposure.**  **If checked, give epinephrine immediately if there is *definite ingestion/exposure*, even with no symptoms.** |

**Otherwise:**

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| **FOR ANY SEVERE SYMPTOMS AFTER SUSPECTED OR KNOWN INGESTION/EXPOSURE:**  **One or more of the following:**  **LUNG Short of breath, wheeze, repetitive cough**  **HEART Pale, blue, faint, weak pulse, dizzy, confused**  **THROAT Tight, hoarse, trouble breathing/swallowing**  **MOUTH Obstructive swelling (tongue and/or lips)**  **SKIN Many hives over body**  **Or combination of symptoms from different body areas:**  **SKIN Hives, itchy rashes, swelling (e.g. eyes, lips)**  **GUT Vomiting, diarrhea, crampy pain** |  | 1. **INJECT EPINEPHRINE IMMEDIATELY** 2. **Call 911** 3. **Begin monitoring (see box below)** 4. **Give additional medications (nurse only)**  * **Antihistamine** * **Inhaler (bronchodilator) if asthma** |
|  |  |  |
| **FOR MILD SYMPTOMS ONLY:**  **MOUTH Itchy mouth**  **SKIN A few hives around mouth/face, mild itch**  **GUT Mild nausea/discomfort** |  | 1. **GIVE ANTIHISTAMINE (nurse only)** 2. **Stay with the student; alert parent** 3. **If symptoms progress (see above), USE EPINEPHRINE** 4. **Begin monitoring (see box below)** |

**Medications/Doses S** Student is authorized to self-administerStudent is not authorized to self-administer

Epinephrine (brand and dose) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antihistamine (brand and dose) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Monitoring – Stay with the student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time epinephrine was given. A 2nd dose can be given 5 minutes or more after the 1st if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique. |

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Parent/guardian signature Date Healthcare provider signature Date