**INDIVIDUALIZED EMERGENCY PLAN**

# ANAPHYLACTIC SHOCK

Child’s Name DOB School Address

Teacher/Grade

Allergy to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma: Yes No**

**Specific Emergency Symptoms:** Sudden onset—usually within minutes of getting the dose of an offending agent but can be delayed.

1. Apprehension and flushing

2. Coughing

3. Itching or burning (generalized itching indicates a general systemic reaction is developing)

4. Hives, rash – on the face and upper chest

5. Swelling of face, eyes

6. Severe abdominal pain

6. Respiratory difficulty, wheezing, or shortness of breath

7. Cyanosis

8. Pallor, imperceptible pulse, loss of consciousness

## **EMERGENCY PLAN**

### DESIGNATED PERSON #1 1 Determine that student is having symptoms of anaphylactic shock.

1. Have the student sit down or lie down (position of comfort).

### Give prescribed epinephrine dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do not allow the student to sit or stand up suddenly.

### 5. Call for help.

### 6. Stay with the child. Note times of events and record all details as soon as possible.

1. Be prepared to administer CPR.

### DESIGNATED PERSON #2 1. Notify office personnel of emergency.

### OFFICE PERSONNEL AND/OR 1. Call 911 for an ambulance to transport the child to the nearest emergency medical ADMINISTRATIVE PERSONNEL facility.

2. Call Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Call Mother **Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. Call Father **Home #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the parent/guardian gives permission to transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the nearest emergency medical facility with a designated person accompanying the child. Parent(s)/guardian will assume all responsibility financially and otherwise, if necessary. Parent/guardian authorizes the school nurse to communicate with the physician listed below regarding this medical condition.

**Reviewed by:**

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature  NPI #   Date

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| **EPI-PEN AND EPI-PEN JR. DIRECTIONS:** |
| 1. Grasp the auto-injector in your fist with the orange tip pointing downward. |
| 1. With your other hand, remove the blue safety release by pulling straight up without bending or twisting it. |
| 1. Swing and firmly push the orange tip against the outer thigh until it clicks (may be given through clothing). |
| 1. Hold firmly against the thigh for approximately 10 seconds to deliver the drug. |
| 1. Call 911, get emergency help!! |

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| **AUVI-Q DIRECTIONS:** |
| 1. Pull Auvi-Q from outer case. |
| 1. Pull off red safety guard. |
| 1. Place black end of Auvi-Q against the middle outer thigh (through clothing if needed), then press firmly and hold in place for 5 seconds. |
| 1. Call 911, get emergency help!! |