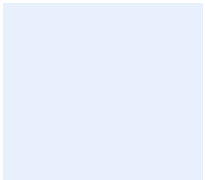


## Anaphylaxis Action Plan

*Emergency Care Plan*  
 School Year:



**Bus Driver's Instructions:**

	No medication available for all symptoms Call 911	
	Student self-carries emergency medication	Type: Albuterol inhaler & Epi-pen

School:	Address:	Phone:
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Student's Name:	DOB:	Grade: h Rm:	Teacher:
Student's Address:			
Parent / Guardian:	Phone:	Cell:	
Parent / Guardian:	Phone:	Cell:	
Treating Physician:	Phone:		

Allergy to:		Food:		
		Insects (Specify):		Other (Specify):

History of Asthma:		Yes*		No	History of Anaphylaxis:		Yes *		No
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\*More at risk for severe reaction

Brief description of past allergic reaction:
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**Medication Doses:**

Benadryl (Diphenhydramine)				
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EpiPen Jr. (0.15 mg)		EpiPen (0.3 mg)		Albuterol Inhaler
Adrenaclick (0.15 mg)		Adrenaclick (0.3 mg)		
Twinject (0.15 mg)		Twinject (0.3 mg)		
Auvi-Q (0.15 mg)		Auvi-Q (0.3 mg)		

<p style="text-align: center;"><b>SEVERE SYMPTOMS</b></p> <p style="text-align: center;">For ANY of the following:</p> <p><b>LUNG:</b> Shortness of breath, wheezing, repetitive cough</p> <p><b>HEART:</b> Pale or bluish skin, faintness, weak pulse, dizziness</p> <p><b>THROAT:</b> Tight or hoarse throat, trouble breathing or swallowing</p> <p><b>MOUTH:</b> Significant swelling of the tongue or lips</p> <p><b>SKIN:</b> Many hives over body, widespread redness</p> <p><b>GUT:</b> Repetitive vomiting, severe diarrhea</p> <p><b>OTHER:</b> Feeling something bad is about to happen, anxiety, confusion</p> <p style="text-align: center;">↓      ↓      ↓</p> <p style="text-align: center;"><b>INJECT EPINEPHRINE IMMEDIATELY</b></p> <p style="text-align: center;"><b>Call 911</b></p>	<p style="text-align: center;"><b>MILD SYMPTOMS</b></p> <p><b>NOSE:</b> Itchy or runny nose, sneezing</p> <p><b>MOUTH:</b> Itchy mouth</p> <p><b>SKIN:</b> A few hives, mild itch</p> <p><b>GUT:</b> Mild nausea or discomfort</p> <hr/> <p style="text-align: center;"><b>MILD SYMPTOMS from a single body area:</b></p> <ol style="list-style-type: none"> <li>1. Give Antihistamines (if available)</li> <li>2. Monitor the student; call emergency contact.</li> <li>3. Watch closely for changes. If symptoms progress;</li> </ol> <p style="text-align: center;"><b>INJECT EPINEPHRINE IMMEDIATELY</b></p> <hr/> <p style="text-align: center;"><b>MILD SYMPTOMS from MORE than one body area:</b></p> <p style="text-align: center;"><b>INJECT EPINEPHRINE IMMEDIATELY</b></p>
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**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. Hold the child's leg firmly in place and limit movement prior to and during injection
2. **INJECT EPINEPHRINE: Hold in place for a minimum of 3 seconds; massage site for 10 seconds.**
3. **CALL 911** to alert them student is having a life-threatening allergic reaction.
4. Begin monitoring (see below)
5. Give additional medications if available:
  - Benadryl (Diphenhydramine)
  - Inhaler (if ordered for student who has asthma)

- Monitoring:**
- Stay with student; contact parent/guardian
  - Note time the epinephrine was given, give the epinephrine pen to the rescue squad
  - Student may lay down with feet up or sit in a chair

<b>This student has a second dose available:</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Yes</b>
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- **A second dose of epinephrine may be given 5 minutes or more after the first dose; if there is no improvement in the symptoms or symptoms recur**

**Comments:**

Emergency Plan and Medication should accompany student on all field trips.

Nurse Signature		Date	
Parent/ Guardian Signature		Date	
Physician/Healthcare Provider		Date	
504 rights and brochure given to Parent/Guardian:	Date:	or	IEP – Special Ed
			Initials: