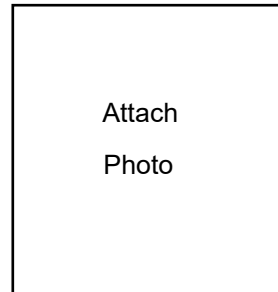


SEVERE ALLERGY EMERGENCY CARE PLAN San Angelo Independent School District



Student: _____ Date of Plan: _____

Date of Birth: ____/____/____ Grade: _____ Age: _____ Weight: _____ kg

Allergy to: _____

- Child has asthma: Yes No (If yes, higher chance of severe reaction)
- Child has had anaphylaxis: Yes No
- Child may carry medicine: Yes No
- Child may self-administer medication: Yes No (If child refuses/is unable to self-treat, an adult must give).
- Child needs to be seated at a peanut free table: Yes No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine. EVEN IF GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR CALL 911!

<p>For SEVERE Allergy and Anaphylaxis What to look for:</p> <p style="text-align: right;"></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <u>GIVE EPINEPHRINE.</u></p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or repetitive cough • Skin color is pale or has bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that interfere with breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation <p><input type="checkbox"/> <u>SPECIAL SITUATION:</u> If this box is checked, child has an extremely severe allergy to an insect sting or the following foods(s): _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p>GIVE EPINEPHRINE! What to do:</p> <p>Inject epinephrine right away! Note time given Call 911.</p> <ul style="list-style-type: none"> • Ask for ambulance with epinephrine • Tell EMS when epinephrine given. <p>Stay with child and:</p> <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose (if available) of epinephrine. If symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has problems breathing, lay on side. <p>Give other medication*, if prescribed. Do not use other medications in place of epinephrine.</p> <p>*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE</p>
<p>For MILD Allergic Reaction What to look for:</p> <p style="text-align: right;"></p> <p>If child has had any mild symptoms, monitor child. Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor child What to do:</p> <p>Stay with child:</p> <ul style="list-style-type: none"> • Monitor • Give antihistamine (if prescribed) • Call parents and doctor • If symptoms progress (see above), USE EPINEPHRINE

Medicines/Doses

Epinephrine, intramuscularly (brand and dose): _____ Dose: 0.15mg 0.30 mg (weight more than 25kg)

Antihistamine, by mouth (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

**AGREEMENT FOR STUDENT TO CARRY AND/OR SELF-ADMINISTER PRESCRIPTION
AUTO-INJECTABLE EPINEPHRINE (EpiPen/Twinject/Adrenaclick) AT SCHOOL**

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Please initial each statement below:

Physician Initials	Parent / Guardian Initials	Student Initials	Agreement
_____	_____	_____	1. The student knows the signs and symptoms of an allergic reaction and is able to use an EpiPen/Twinject/Adrenaclick.
_____	_____	_____	2. The student understands that epinephrine (EpiPen/Twinject/ Adrenaclick) is a short-acting rescue medication and that additional emergency medical care is necessary. Notify a staff member immediately and Call 911.
_____	_____	_____	3. The physician and parent/guardian(s) believe that the student’s health and welfare is dependent on taking the medication quickly when needed and that going to the health office or finding a classroom staff person may not be adequate.
_____	_____	_____	4. The parent/guardian(s) will supply up-to-date (unexpired) medication as ordered by the physician. They will also immediately inform the School Nurse or Designated Staff at the school of any changes in the physician’s order or medication.
_____	_____	_____	5. The student will keep the EpiPen/Twinject/Adrenaclick on his/her person at all times. If no EpiPen/Twinject/Adrenaclick is available, and an allergic reaction occurs, school staff will call 911.
_____	_____	_____	6. A back-up EpiPen/Twinject/Adrenaclick will be prescribed, sent to school and kept in the health office. If no EpiPen/Twinject/ Adrenaclick is available, and an allergic reaction occurs, school staff will call 911.
_____	_____	_____	7. The parent/guardian(s), physician and student understand that the student may be subject to disciplinary action if the EpiPen/Twinject/ Adrenaclick is used in a manner other than as prescribed. (If the student does not adhere to this agreement, he or she will lose the privilege of carrying and self-administering the medication.) It is understood that this is for the student’s protection and for the protection of other students at school.

Physician’s Name _____ Signature _____ Date _____
Type or Print

Parent/Guardian Name _____ Signature _____ Date _____
Type or Print

Student’s Signature _____ Date _____