

Picture

Stillwater Area School District #834



ALLERGIC or ANAPHYLAXIS REACTION TO INSECT STINGS/FOODS/OTHER Questionnaire and Emergency Care Plan

Allergic to _____

Please help us to understand the details and severity of the allergy.
If this is NOT a severe allergy, please sign below and call your school nurse to discuss.

Parent/Guardian signature: _____ Date: _____

Student's Name _____ Date of Birth _____ Grade/Teacher _____

Parent/Guardian _____ Day phone _____ Cell _____

Home Address: _____ Other phone (Mom) _____ (Dad) _____

City: _____ Physician Name _____ Phone _____

Other Emergency Contacts: _____ Day Phone _____ Cell _____

Another contact: _____ Day Phone _____ Cell _____

Hospital (if 911 transport) _____ Asthmatic? YES NO (If so is at higher risk for severe reaction)

1. At what age did the student have his/her first allergic reaction? _____ How many reactions has s/he had? _____

2. When was the last reaction the student experienced? _____ Does this student know what to avoid? Yes No
Has testing at a medical clinic been done? Yes No Stinging insect shots at clinic? Yes No

3. Are there pre-warning signs (physical & emotional changes) that indicate the student may be having a reaction?

a. What are the signs of actual reaction? (ie. Local swelling, respiratory difficulty) Please explain _____

b. How soon after the contact does your student react? Minutes Hours

c. Does the student recognize when he/she is having a reaction? (check) Yes No

Please circle or highlight symptoms listed on the right that this student has experienced.
* Indicates life-threatening symptoms

- Throat *Tightening of throat, hoarseness
- Lung *Shortness of breath, repetitive coughing, wheezing
- Heart *Fast pulse, "passing out"
- GI Nausea, vomiting, abdominal cramps, diarrhea
- Skin Hives, itching, rash, flushing, swelling of face or extremities
- Mouth Itching, swelling of lips or mouth

The school will contact you as soon as possible if exposure to an allergic food, or sting, has occurred. The school will call 911 for continued distress, or if epinephrine is used.

4. Is there anything else you would like to add about this student's reaction (example: should be at a peanut-free lunch table)?

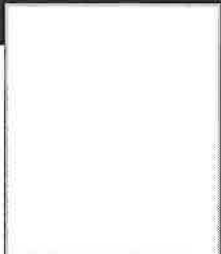
Parent/Guardian: In addition, if your child's allergy is life-threatening, please contact the school's cook manager (if they ever eat school lunch), transportation department (if they ride the bus), and staff of after-school sports, activities or Adventure Club, as needed. Please arrange safe accommodations for his/her needs. Health room staff is available only during school day class hours.



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**



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

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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