Report of Anaphylactic Reaction

Demographics and Health History

1. Name: _____ Name of School: _____

2. DOB:_____ Status of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐

3. History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: _____

If yes, was allergy action plan available? Yes ☐ No ☐ Unknown ☐ History of prior anaphylaxis: Yes ☐ No ☐ Unknown ☐

Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

School Plans and Medical Orders

4. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐

5. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐

6. Source of epinephrine (ex. student provided, stock epinephrine)_____Expiration date of epinephrine _____Unknown ☐

Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: _____Vital signs: BP_____/____ Temp _____ Pulse _____ Respiration _____

8. Specify suspected trigger that precipitated this allergic episode:

Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ _____ Unknown ☐

If food was a trigger, please specify suspected food _____

Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify _____

9. Did reaction begin prior to start of school day? Yes ☐ No ☐ Unknown ☐

10. Location where symptoms developed:

Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____

11. How did exposure occur?

_____

_____

12. Symptoms: (Check all that apply)

Respiratory	GI	Skin	Cardiac/Vascular	Other
☐ Cough	☐ Abdominal discomfort	☐ Angioedema	☐ Chest discomfort	☐ Sweating
☐ Difficulty breathing	☐ Diarrhea	☐ Flushing	☐ Cyanosis	☐ Irritability
☐ Hoarse voice	☐ Difficulty swallowing	☐ General itching	☐ Dizziness	☐ Loss of consciousness
☐ Stuffy or runny nose	☐ Oral Itching	☐ General rash	☐ Faint/Weak pulse	☐ Metallic taste
☐ Swollen throat or tongue	☐ Nausea	☐ Hives	☐ Headache	☐ Red eyes
☐ Shortness of Breath	☐ Vomiting	☐ Lip swelling	☐ Low blood pressure	☐ Sneezing
☐ Stridor		☐ Localized rash	☐ Rapid heartbeat	☐ Uterine cramping
☐ Tightness (chest, throat)		☐ Paleness		
☐ Wheezing				

13. First Epinephrine Dose (amt.)_____Site (ex. upper left thigh)_____ Time:_____ Initials:_____

Second Epinephrine Dose (amt.)_____ Site _____Time:_____Initials:_____

14. Location where epinephrine administered: Health Office ☐ Other ☐ specify _____

15. Location of epinephrine storage: Health Office ☐ Other ☐ specify _____

16. Epinephrine administered by: RN ☐ Self ☐ Other ☐ (print name) _____

17. Parent or guardian notified of epinephrine administration: Yes ☐ No ☐ Time: _____

By whom: _____

18. Biphasic reaction: Yes ☐ No ☐ Don't know ☐

Disposition

19. EMS notified at: (time) _____ By whom _____

Transported to hospital emergency department: Yes ☐ No ☐ If "No", reason _____

If yes, transferred via ambulance ☐ Parent/Guardian ☐ Other ☐

20. Student/Staff/Visitor outcome: _____

School Follow-up

21. Were parents or guardians advised to follow up with student's medical provider? Yes ☐ No ☐

22. Were arrangements made to restock epinephrine? Yes ☐ No ☐

.NOTES: _____

_____

_____

24. Form completed by: _____ Date: _____

(please print)

Signature: _____ Title: _____