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PROTOCOL FOR STUDENTS WITH LIFE-THREATENING ALLERGIES

Student's name _____ Grade _____

ALLERGIC TO _____

Asthmatic * Yes _____ No _____ * = High risk for severe reaction

Signs of an allergic reaction include:

Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, swelling on face or extremities, itchy rash
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Tightening of throat, hoarseness, hacking cough
Lung	Shortness of breath, repetitive coughing, wheezing
Heart	Thready pulse, passing out, fainting, pale, blueness
General	Panic, sudden fatigue, chills, fear of impending doom

GIVE MEDICATION CHECKED X

<input type="checkbox"/> Benadryl	<input type="checkbox"/> Epipen
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If a food allergen has been ingested, but no symptoms:

Benadryl Epipen

If a reaction is progressing (several of the above areas affected)

Benadryl Epipen

THE SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY.

ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION.

ACTIONS:

1. MEDICATION DOSES **WEIGHT** _____

Antihistamine (Benadryl): _____

Epinephrine: _____

Epinephrine injection may need to be repeated if the child's symptoms persist or worsen.

- Student to self administer
- Nurse or trained staff to administer

2. CALL HATZOLAH at 212-230-1000 or 911

State that the child had a severe allergic reaction, and additional epinephrine doses may be needed.

3. NOTIFY EMERGENCY CONTACTS:

Mother's Name _____

Mother's Phone (H): _____ (W): _____ (C): _____

Father's Name _____

Father's Phone (H): _____ (W): _____ (C): _____

Physician's Name: _____ Physician's Phone: _____

Parent's signature

Date

Physician's signature

Date

Preferred hospital _____