

CARROLL COUNTY PUBLIC SCHOOLS
ALLERGIC REACTION EMERGENCY PLAN & MEDICATION ORDERS

SCHOOL YEAR: _____

NAME: _____ D.O.B: _____ GRADE/TEACHER: _____ BUS # _____

STUDENT HAS A SEVERE ALLERGY TO: _____

ASTHMATIC: Yes* No (*High Risk for Reaction) Other Allergies: _____

History of Anaphylaxis: Yes No Date of Last Reaction: _____ Date of Last Hospitalization: _____

Anaphylaxis (Severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense and life-threatening medical emergency. Do not hesitate to give Epi auto-injector and call 911.

USUAL SYMPTOMS of an allergic reaction:

MOUTH-Itching, tingling, or swelling of the lips, tongue or mouth

LUNG-Shortness of breath, repetitive coughing, and/or wheezing

SKIN-Hives, itchy rash, and/or swelling about the face or extremities

THROAT-Sense of tightness in the throat, hoarseness and hacking cough

GENERAL- Panic, sudden fatigue, chills, fear of impending doom

GUT-Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea

HEART-"Thready" pulse, "passing out", fainting, blueness, pale

This Section to be Completed by a Licensed Healthcare Provider (LHP)

• Is the student's allergy considered Life-Threatening: Yes No

• Is the reaction related to:

Skin Contact

Inhalation

Ingestion

Other: (explain) _____

• What was the student's reaction when exposed? _____

• Can the student be in the same room with the allergen?

In a small class/restricted space? Yes No

In a large space (cafeteria, gymnasium)? Yes No

• IF STUDENT HAS PEANUT ALLERGY, STUDENT WILL SIT AT PEANUT FREE TABLE? Yes No

MEDICATION ORDERS (Medication orders will only be good for current school year/summer session/ESY)

If a student has symptoms or is exposed to the allergen (is stung, eats food he/she is allergic to, or exposed to something allergic to):

• Give antihistamine: Prior to onset of symptoms After Epinephrine Auto-Injector is given Other _____

Drug: _____ Strength: _____ Dose: _____ Route: _____

Give Epi auto-injector 0.3 mg Jr. 0.15 mg (If administered call 911)

May repeat Epi auto-injector (if available) in _____ minutes if symptoms are not relieved or symptoms return and EMS has not arrived.

Student is able to self-administer yes no

Student may carry auto-injector on self yes no

Parent/Guardian must supply a back-up auto-injector to be kept in the health suite.

• Place student in a side lying recovery position or reclining position with legs elevated (if comfortable breathing) until EMS arrives.

• Supply to EMS time Epi was administered. Give used auto-injector to EMS personnel.

• Notify school administration and parents.

Special Instructions: _____

Health Care Provider Name (Print)

Health Care Provider Signature / Date

Phone/Fax

Parent Signature / Date

Reviewed by School Nurse / Date