

**Documentation
Emergency Action Plan**

Reference: Board Policy FFAF

Student Name: _____

Date of Birth: _____ Grade: _____

Allergic to: _____

Approximate Weight: _____ lbs.

Other allergies, medication allergies, medical conditions: _____

Campus
Insert
Picture

Physician's Orders

Asthmatic:

☐ Yes (higher risk for severe reaction)

☐ No

Dosage of Epinephrine _____
(EpiPen™)

Dosage of Antihistamine _____
(liquid diphenhydramine, Benadryl™ or cetirizine, Zyrtec™)

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

Symptoms	Give Checked Medications**	
☐ If food allergen has been ingested, but <i>no symptoms</i>	☐ Epinephrine	☐ Antihistamine
☐ Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
☐ Skin hives, itchy rash, swelling of face or extremities	☐ Epinephrine	☐ Antihistamine
☐ Stomach nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
☐ Throat tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
☐ Lung shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
☐ Heart weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
☐ Other	☐ Epinephrine	☐ Antihistamine
☐ If reaction is progressing (several of the above areas are affected)	☐ Epinephrine	☐ Antihistamine

Physician's Signature _____

Date _____

Parent's Signature _____

Date _____

Documentation Emergency Action Plan

Documentation for Campus Staff During a Mild or Severe Reaction

Mild symptoms:

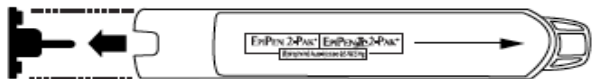
- ☐ Noted mild symptoms such as itchy mouth mild itching, some hives around the face and mild nausea.
- ☐ Gave antihistamine, stayed with student, notified health-care and began monitoring.
- ☐ Noticed symptoms were progressing and gave Epinephrine.
- ☐ Gave second dose of Epinephrine because symptoms were progressing.
- ☐ Contacted parent: (pre-type name of father and mother and phone numbers for each).

Severe symptoms:

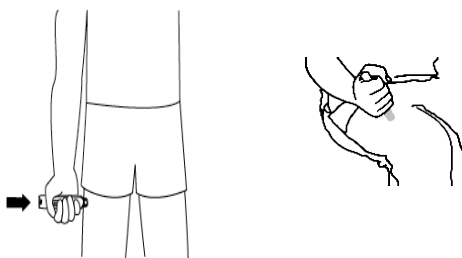
- ☐ Injected Epinephrine immediately.
- ☐ Gave second dose of Epinephrine because symptoms were progressing.
- ☐ Gave additional medications.
- ☐ **Call 911 (even if the symptoms appear to be resolved)** - Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised and keep treating even if parents cannot be reached.
- ☐ Contacted parent: (pre-type name of father and mother and phone numbers for each)

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

1. Remove the EPIPEN Auto-Injector from the plastic carrying case
2. Pull off the blue safety release cap



3. Hold orange tip near outer thigh (always apply to thigh)



4. Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
5. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



**Remove GREY caps labeled
"1" and "2."**

Place RED rounded tip against outer thigh,
press down hard until needle penetrates.
Hold for 10 seconds, and then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Place of event: _____ Date of event: _____ Time of event: _____

Source of Allergen (if known): _____ ☐ Student Injected ☐ Staff Injected

Signature of Person Administering Treatment _____

Date _____

If the nurse was not the person to follow the treatment plan, submit a copy of the documentation to the nurse/clinic as soon as possible.

Retention: Resolution or dismissal of complaint + 2 years

Date of Destruction: _____

This institution does not discriminate on the basis of race, religion, color, national origin, gender, sex or disability in providing education services, activities and programs in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and section 504 of the Rehabilitation Act of 1973.