

**MOLINE SCHOOL DISTRICT #40
ALLERGY HEALTH CARE PLAN**

| | | |
|---|------------|--|
| Name: | | |
| Regular HCP <input type="checkbox"/> 504 HCP <input type="checkbox"/> | Date: | |
| Birth Date: | Student #: | |
| School: | Grade: | |
| Asthmatic? yes* <input type="checkbox"/> no <input type="checkbox"/> *if yes, increased risk for severe reaction. | | |
| Severe Allergy to: | | |

If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911 Allergy Symptoms:

| | |
|---------|---|
| MOUTH | Itching, tingling, or swelling of the lips, tongue, or mouth |
| SKIN | Hives, itchy rash, and/or swelling about the face or extremities |
| THROAT | Sense of tightness in the throat, hoarseness, and hacking cough |
| GUT | Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea |
| LUNG | Shortness of breath, repetitive coughing, and/or wheezing |
| HEART | “Thready” pulse, “passing out,” fainting, blueness, pale |
| GENERAL | Panic, sudden fatigue, chills, fear of impending doom |
| OTHER | Some students may experience symptoms other than those listed above |

ACTION PLAN

- **GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.**
- ◆ **NOTE TIME _____ AM/PM (Epinephrine given) ◆ NOTE TIME _____ AM/PM (Antihistamine given)**
- **CALL 911 IMMEDIATELY. 911 must be called WHENEVER Epinephrine is administered.**
- **DO NOT HESITATE to administer Epinephrine and to call 911, even if the parents cannot be reached.**
- Advise 911 student is having a severe allergic reaction and Epinephrine is being administered.
- An adult trained in CPR is to stay with student—monitor and begin CPR if necessary.
- Call the School Nurse or Health Services Main Office at _____.
- ◆ Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives.
- ◆ Notify the administrator and parent/guardian.
- ◆ Dispose of used auto-injector in “sharps” container or give to EMS along with a copy of the Care Plan.

MEDICATION ORDERS

| | |
|---|--|
| EpiPen® (0.3) <input type="checkbox"/> EpiPen Jr.® (0.15) <input type="checkbox"/> | Side Effects: |
| Other: _____ | |
| Repeat dose of EpiPen®: <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, when |
| Antihistamine: _____ cc/mg | Give: _____ Teaspoons _____ Tablets by mouth |
| | Side Effects: |
| ◆ It is medically necessary for this student to carry an EpiPen® during school hours. <input type="checkbox"/> Yes <input type="checkbox"/> No ◆ Student may self-administer EpiPen®. <input type="checkbox"/> Yes <input type="checkbox"/> No ◆ Student has demonstrated use to LHCP. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Licensed Health Care Provider’s Signature: | Date: |
| Licensed Health Care Provider’s Printed Name: | Phone: _____ Fax Number: _____ |

TRAINED STAFF MEMBERS

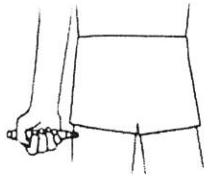
| | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*