

SEVERE ALLERGY MEDICATION AUTHORIZATION & EMERGENCY RESPONSE PLAN – Page 1

SEVERE FOOD ALLERGY TO: _____

SEVERE INSECT STING ALLERGY (list type if confirmed by testing): _____

STUDENT:	BIRTH DATE:	SCHOOL YEAR:
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HISTORY OF SEVERE ALLERGIC REACTION MEDICAL TESTING CONFIRMED THIS ALLERGY → Date of last reaction: _____

Medication is in the: School office Student's backpack Other _____

ANAPHYLAXIS is a life threatening allergic reaction to a substance eaten, injected, inhaled or absorbed through skin. Neither an antihistamine nor an inhaler will stop anaphylaxis and are not replacements for epinephrine.

DO NOT HESITATE TO GIVE EPINEPHRINE AND CALL 911

ALLERGY SYMPTOMS may be seen in one or more body systems and may progress rapidly or over several hours:

- | | |
|---|--|
| <p>MOUTH: itching, tingling, or swelling of the lips, tongue, or mouth</p> <p>THROAT: sense of tightness in the throat, hoarseness and hacking cough</p> <p>LUNG: shortness of breath, repetitive coughing, and/or wheezing</p> <p>GENERAL: panic, sudden fatigue, chills, fear of impending doom</p> | <p>SKIN: pale, hives, itchy rash, swelling of the face or extremities</p> <p>GUT: nausea, stomach ache/cramps, vomiting, diarrhea</p> <p>HEART: pale/blue, loss of consciousness, dizziness, fast heart rate</p> <p>Additional: _____</p> |
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THIS SECTION MUST BE COMPLETED BY A HEALTHCARE PROVIDER

For symptoms and/or: Known or suspected ingestion of allergy causing food; Insect stings

1. **ADMINISTER EPINEPHRINE AUTO-INJECTOR & NOTE TIME GIVEN:** 0.15mg 0.3mg
 May repeat epinephrine dose in 10-15 minutes if symptoms are not relieved or worsen and EMS has not arrived.
2. **CALL 911 IMMEDIATELY and TELL DISPATCH EPINEPHRINE WAS ADMINISTERED.**
3. After epinephrine, administer the oral antihistamine diphenhydramine if able to swallow - **DOSE:** _____
4. This student has asthma, associated with an increased risk for severe allergic reactions.
 After administering epinephrine auto-injector, administer inhaler if the student has respiratory symptoms:
 ALBUTEROL – 2 PUFFS (Pro-air®, Ventolin HFA®, Proventil®) LEVALBUTEROL – 2 PUFFS (Xopenex®)
 Also authorized for use as needed during the school year, 2 puffs no more than every 4 hours to treat symptoms: coughing; wheezing; chest tightness, short of breath. May pre-treat with 2 puffs before exercise, up to every 4 hrs.
5. Note time meds were given & inform EMS. Give EMS a copy of this plan and the used epinephrine auto-injector.
6. Monitor closely; have student lie down if not having trouble breathing; elevate legs; cover for warmth; start CPR if needed.
7. Notify the parent/guardian.

Medication Side Effects: Epinephrine: increased heart rate, nervousness, _____
 Diphenhydramine: sleepiness, _____ Inhaler: increased heart rate, shakiness, _____

→ **COMPLETE THIS SECTION IF THE STUDENT IS TO CARRY & SELF-ADMINISTER MEDICATION.** RCW 28A.210.370A requires the HCP to provide instruction for correct & responsible use with return demonstration by the student. Depending on maturity and ability:

- The student may carry & self-administer an epinephrine auto-injector and has demonstrated correct use to the LHP or designee.
- The student may carry & self administer an asthma Inhaler and has demonstrated correct use to the LHP or designee.
- Grades 6-12 only: The student may carry and self administer one dose of the antihistamine listed above.

→ **COMPLETE THIS SECTION IF THE STUDENT HAS A SEVERE FOOD ALLERGY (required by USDA Food Guidelines):**

If a student with severe food allergies will be eating any school provided meals, the following must be completed:
 Foods to omit at school: _____
 Standard food substitutions offered by the school are acceptable. (For details contact school district Food Services.)
 Suggested general food substitutions: _____

HCP Print:	HCP Signature:	
Date:	Phone:	Fax:

Page 2 – SEVERE INSECT STING ALLERGY HEALTH CARE PLAN

REQUIRED: A parent/guardian MUST complete and sign this form.

STUDENT: _____ GRADE: _____ SCHOOL YEAR _____

THIS STUDENT IS SEVERELY ALLERGIC TO INSECT STINGS

IF KNOWN, MEDICAL TESTING INDICATES SEVERE ALLERGY TO: _____

PARENT:	PHONES:
PARENT:	PHONES:
ALTERNATE CONTACTS:	
1.	PHONES:
2.	PHONES:

For those with hypersensitivity to stinging insect venom, life threatening anaphylactic reactions can occur after stings from a bee, wasp, yellow jacket, hornet or fire ant, depending on which they are allergic to. Severe reactions can occur within minutes after being stung, and have been known to be delayed for up to 24 hours. Prompt treatment is essential.

WHAT TO DO IF THE STUDENT IS STUNG BY AN INSECT:

1. Treat all insect stings for this student as a medical emergency because: 1) it is unlikely the kind of insect that did the stinging can be identified, and; 2) it may not be know which insect venom the student is allergic to.
2. Follow the student’s Severe Allergy Medication Authorization & Emergency Response Plan. Do not hesitate to administer their epinephrine auto-injector as directed.
3. Call 911 immediately and monitor closely until EMS takes over.
4. First Aid:
 - ➔ If a stinger is seen, immediately remove it with a quick scrape over the skin with a firm edged object like a fingernail or credit card. Do not use tweezers or attempt to pull the stinger out.
 - ➔ Remove any tight fitting jewelry from the area of the sting.
 - ➔ Apply a cold compress to the sting site. Elevate the affected limb if stung on arms or legs.

STUDENT RESPONSIBILITIES – DEPENDING ON AGE AND MATURITY:

1. Tell an adult right away if stung by an insect.
2. Learn to self-administer their epinephrine auto-injector.
3. If responsible for carrying their epinephrine auto-injector per the parent and health care provider, the student must always have it with them at school and on field trips.

FIELD TRIPS:

- ➔ A copy of this plan (and the student’s medication if kept in the office) must be taken by staff on field trips.
- ➔ The student must have quick access to school staff trained to administer epinephrine (or the parent/guardian).

<p>IF THE STUDENT WILL BE CARRYING MEDICATION, the health care provider must also indicate approval to do so on the Severe Allergy Medication Authorization. <u>Backup medication for the school office is recommended.</u> CHECK IF APPLICABLE:</p> <p><input type="checkbox"/> My child may carry an epinephrine auto-injector and can self-administer it with staff assistance as needed.</p> <p><input type="checkbox"/> My child in grades 6-12 only may carry in an original container 1 dose of Benadryl (diphenhydramine) to self-administer.</p> <p><input type="checkbox"/> My child may carry and self-administer an asthma inhaler.</p>

- ◆ I request that medication be given as authorized by the licensed health professional.
- ◆ I release the District and its employees or agents from any liability in the administration of this medication at school.
- ◆ For students who self-administer medication: I shall indemnify & hold harmless the District and its employees or agents against any claims arising out of self-administration of medication by my child.
- ◆ I understand it is recommended that at all times my child wear a medic alert ID stating their health condition.
- ◆ I understand this Plan will be shared with school staff on a need to know basis and with 911 EMS personnel if called.

PARENT / GUARDIAN SIGNATURE	DATE	School Nurse	Date
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Page 3 – SEVERE INSECT STING ALLERGY HISTORY
Annual Update by the Parent/Guardian

Student's Name: _____ Birth Date: _____

Parent/Guardian: _____ Date: _____

1. Has your child been medically tested for insect sting allergies? Yes – No

If Yes, which of these tested positive for severe allergy:

bees hornets yellow jackets wasps fire ants

If No, please ask a medical provider about insect sting allergy testing. People who test positive for severe allergy may benefit from immunotherapy treatment, effective for 97% of patients in reducing severity of insect sting reactions.

2. Please describe insect the sting allergy symptoms your child has had: _____

3. When was the last time your child had an allergy reaction to an insect sting and how was it treated? _____

4. Has your child ever gone to the hospital following an insect sting? Yes – No

If yes, when? _____

5. Has epinephrine ever been administered to your child after an insect sting? Yes – No

Are you confident your child could self-administer an epinephrine auto-injector? Yes – No

6. Does your child understand how to avoid being stung by insects? Yes – No

7. Children who have asthma may be prone to more serious allergic reactions.

Does your child have asthma? Yes – No

8. Does your child wear a medical alert ID? Yes – No

It is recommended everyone with a life threatening allergy wear a medical alert ID. Ask a pharmacist about ordering one, search “medical alert ID” on the internet for sites that sell them, or contact the MedicAlert Foundation at 1-800-432-5378, www.medicalert.org/

9. Additional information about your child's allergy: _____

