



# Cedar Hill ISD Health Services

## Allergy and Anaphylaxis Treatment Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

ALLERGY TO:  Foods  Latex  Insect Bites  Other: List allergens \_\_\_\_\_

Expected Type of Reaction: \_\_\_\_\_ Asthmatic  Yes  No \*Higher risk for severe reaction

### STEP 1: TREATMENT

\*Note: If a food allergen has been ingested, but No symptoms are present - observe student and contact parent

**Mild Symptoms Only**  
**Mouth:** Itchy mouth  
**Skin:** A few hives around mouth/face, mild itch  
**Gut:** Mild nausea/discomfort



**Give Antihistamine if available**  
Stay with child, alert nurse and parent/guardian  
If Symptoms Progress go to Step 2 and Inject  
Emergency Medicine (EpiPen)

### STEP 2: TREATMENT

**Any Severe Symptoms After Suspected Ingestion:**  
**Lung:** Short of breath, wheezing, repetitive cough  
**Heart:** Pale, blue, faint, weak pulse, dizzy, confused  
**Throat:** Tightness, hoarseness, trouble swallowing, itching  
**Mouth:** Tingling, swelling of lips and/or tongue  
**Skin:** Hives, itchy rash all over, facial swelling  
**Gut:** Vomiting, diarrhea, cramping, pain  
**Other:** Anxiety, feeling of dread



**Inject Epinephrine (EpiPen) Immediately**  
1. Place student in a supine or seated position  
2. Administer Emergency medication  
3. Call 911  
4. Give additional medication such as Inhaler if student is asthmatic - if so indicated by physicians orders  
5. If no improvement or symptoms worsens and EMS has not arrived, may need to give second dose  
6. Contact Parent/Guardian immediately

\*The severity of symptoms can quickly change. Symptoms can progress to life-threatening quickly. Do not hesitate to call 9-1-1. \*

### DOSAGE

Epinephrine: \_\_\_\_\_  EpiPen 0.3mg  EpiPen Jr. 0.15mg  
Route to administer  Twinject 0.3mg  Twinject 0.15mg

Give second epinephrine dose after \_\_\_\_\_ minutes if no improvement and EMS has not arrived.

Antihistamine: \_\_\_\_\_  
Medication / Dose / Route

Other Medication to administer (ex. Inhaler) \_\_\_\_\_

Physician \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Signature Date Telephone Number

### STEP 3: EMERGENCY CALLS

1. Call 911. State that a child has had a possible allergic reaction and that epinephrine has been given. State how much, how long ago and the condition of the child.
2. Try to contact parent/guardian; if they cannot be reached, do not delay student from being taken to the nearest medical facility.

I authorize administration of epinephrine to my child as prescribed by his/her physician in the event of an anaphylactic event. I understand that the school administration will designate trained staff to perform this procedure in accordance with the physician's orders as given above. If the medication is administered while at school, I will provide the school with replacement medication the next school day. I give my consent for the release of all medical records pertaining to my child's severe allergy reactions/anaphylaxis and permission for appropriate school staff to contact the physician or health care provider for additional information if needed. I also release the school/district from liability in the event adverse reactions result from giving this medication.




Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Signature Date Telephone Number

## Allergy Action Plan – page 2

### EMERGENCY CONTACTS

Name	Relationship	Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### DIRECTIONS:

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS	AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS	ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS
<ol style="list-style-type: none"> <li>1. Remove the EpiPen Auto-Injector from the plastic carrying case.</li> <li>2. Pull off the blue safety release cap.</li> <li>3. Swing and firmly push orange tip against mid-outer thigh.</li> <li>4. Hold for approximately 10 seconds.</li> <li>5. Remove and massage the area for 10 seconds.</li> </ol> 	<ol style="list-style-type: none"> <li>1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.</li> <li>2. Pull off red safety guard.</li> <li>3. Place black end against mid-outer thigh.</li> <li>4. Press firmly and hold for 5 seconds.</li> <li>5. Remove from thigh.</li> </ol> 	<ol style="list-style-type: none"> <li>1. Remove the outer case.</li> <li>2. Remove grey caps labeled “1” and “2”.</li> <li>3. Place red rounded tip against mid-outer thigh.</li> <li>4. Press down hard until needle penetrates.</li> <li>5. Hold for 10 seconds. Remove from thigh.</li> </ol> 

### Trained Staff:

1. _____	Room # _____	Ext. _____
2. _____	Room # _____	Ext. _____
3. _____	Room # _____	Ext. _____
4. _____	Room # _____	Ext. _____

### SELF-ADMINISTRATION OF PRESCRIPTION ANAPHYLAXIS MEDICINE

*(To be completed by the Authorizing Physician)*

- It is my professional opinion that \_\_\_\_\_ (student’s name) *should* be allowed to carry and self-administer \_\_\_\_\_ while on school property or at school-related events. I have instructed the student in the proper way to self-administer the anaphylaxis medicine. The student is knowledgeable about the medicine and how to administer it.
- It is my professional opinion that \_\_\_\_\_ (student’s name) *should NOT* be allowed to carry and self-administer any of his/her anaphylaxis medicine while on school property or at school related events.

\_\_\_\_\_  
Physician (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(To be completed by Parent/ Legal Guardian)*

#### APPLICABLE ONLY IF THE CRITERIA HAS BEEN/ ARE BEING MET TO SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE

I give permission for my student to self-administer the prescribed medication listed above, in accordance with the physician’s order, while on school property or at a school-related event or activity. Self-administration must be done in compliance with the prescription and state law.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date