



Chappaqua Central School District

Emergency Allergy Procedures and Health Care Plan

Allergic to:

Name: _____ DOB: _____

History of Asthma? Yes ___ No ___ History of Anaphylactic reaction? Yes ___ No ___

If yes, Date _____ Symptoms _____

Orders (circle one): EpiPen 0.3 or EpiPen Jr (0.15) Auvi-Q (0.3mg) or Auvi-Q (0.15mg)

Benadryl _____ mg. Other Rx _____

In the event that ingestion of the above food (s) is suspected proceed as follows:

<p>IF:</p> <ol style="list-style-type: none"> 1. Loss of consciousness OR 2. Breathing or swallowing difficulty OR 3. Swelling of the eyes, lips, tongue 4. Nausea or vomiting 5. Hives, itchy, widespread 6. Cough, itchy throat 	<p>THEN:</p> <p>Give Epi-pen/Epi Jr/Auvi-Q in outer thigh Hold 3 seconds (5 seconds for Auvi-Q)</p> <p>Call 911, parents and physician Administer a second Epi-pen/Epi Jr 15 minutes later if the patient remains Symptomatic and EMS has not arrived</p>
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<p>IF:</p> <ol style="list-style-type: none"> 1. Hives, rash, complaint of itching ONLY 	<p>THEN:</p> <p>Give Benadryl Call Parents Monitor for progression of symptoms</p>
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If the student has no symptoms, observe carefully for 30 minutes and notify parents.

___ If checked, give epinephrine for ANY symptoms if the allergen was likely eaten (extremely reactive).

___ If checked, give epinephrine before symptoms if the allergen was definitely eaten (extremely reactive)

ADMINISTER MEDICATION OR CALL 911 IF PARENTS OR DOCTOR CANNOT BE REACHED

Healthcare Provider Signature: _____ **MD Stamp:**

Phone Number: _____ **Date:** _____

OPTIONAL PERMISSIONS FOR INDEPENDENT MEDICATION CARRY AND /OR USE AT SCHOOL

Health Care Provider Independent Carry and Use Permission: I attest that this student has demonstrated to me that they can self-administer this rescue medication affectively and may carry and use this medication independently at school with no supervision by school personnel.

MD Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Contact Information

Mother: _____ M Home #: _____ M Work #: _____ M Cell #: _____

Father: _____ F Home #: _____ F Work #: _____ F Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

EPI-PEN and EPI-PEN JR. DIRECTIONS



1. Pull off **blue** or **gray** activation cap.
2. Hold **orange** or **black more pointed** tip near outer thigh (can go through clothing).
3. Swing and jab firmly into outer thigh until auto-inject mechanism functions.
4. Hold in place for ten seconds. Remove and massage area for 10 seconds.
5. Send with student to emergency room.

AUVI-Q DIRECTIONS (it will talk to you)



1. Pull Auvi-Q from the outer case and follow voice instructions.
2. Pull of **red** safety guard. You must pull firmly.
3. Place **black** end against the middle of the thigh (can go through clothing).
4. Press firmly and hold in place for 5 seconds. (Makes a click/hiss sound when activated.)
5. Replace the outer case and send Auvi-Q along with student to the emergency room.

Addendum: NURSE'S NOTES:

Nurse's Signature: _____