Bellevue School District -- ANAPHYLAXIS REPORT – 3420P Exhibit A

Student Demographics and Health History

Date:	Time:	School Name	
Student:		**DOB:**	Age:

History of severe or life-threatening allergy? ☐ Yes ☐ No ☐ Unknown
If yes

- History of anaphylaxis? ☐ Yes ☐ No ☐ Unknown
- Previous epinephrine use? ☐ Yes ☐ No ☐ Unknown
- Diagnosis/History of asthma? ☐ Yes ☐ No ☐ Unknown

School Plans and Medical Orders

Individual Health Plan in place? ☐ Yes ☐ No ☐ Unknown

Does the student have a student specific order for epinephrine? ☐ Yes ☐ No ☐ Unknown

Epinephrine Administration Incident Reporting

Vital Signs: B.P.: _____________ Pulse:_____________ Respirations:_______________ O2 sat:______________

If known, specify the trigger that precipitated this allergic episode:

☐ Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other:_________________

If food, please list:____

Did reaction being prior to school? ☐ Yes ☐ No ☐ Unknown

Location where symptoms developed;
☐ Classroom ☐ Cafeteria ☐ Health Room ☐ Playground ☐ Bus ☐ Other:_____________________

How did exposure occur?:____

Respiratory Symptoms:	GI Symptoms:	Skin Symptoms	Cardiac/Vascular Symptoms	Other Symptoms
☐ Cough	☐ Abdominal discomfort	☐ Angioedema	☐ Chest discomfort	☐ Diaphoresis (sweating)
☐ Difficulty breathing	☐ Diarrhea	☐ Flushing	☐ Cyanosis (blue)	☐ Irritability
☐ Hoarse voice	☐ Difficulty swallowing	☐ General itching	☐ Dizziness	☐ Loss of consciousness
☐ Nasal congestion/runny nose	☐ Oral Itching	☐ General rash	☐ Faint/weak pulse	☐ Metallic taste
☐ Swelling (throat, tongue)	☐ Nausea	☐ Hives	☐ Headache	☐ Red eyes
☐ Shortness of breath	☐ Vomiting	☐ Lip swelling	☐ Hypotension	☐Sneezing
☐ Stridor		☐ Localized rash	☐ Tachycardia	☐Uterine cramps
☐ Tightness (chest, throat)		☐ Pale		
☐ Wheezing				

Medication Administration

Epinephrine IM autoinjector:

- Time of Administration:_______________
- Dose: ☐ 0.15mg ☐ 0.30mg
- Site of Injection: ____________________
- Location of where it was administered: ☐ Health Room ☐ Other:_________________________________
- Administered by:____

Epinephrine IM autoinjector: (DOSE 2 if ordered)

- Time of Administration:_______________
- Dose: ☐ 0.15mg ☐ 0.30mg
- Site of Injection: _____________________
- Location of where it was administered: ☐ Health Room ☐ Other:________________________________
- Administered by:____

Antihistamine:____

- Time of Administration:_______________
- Dose: __________________
- Site of Injection:
- Location of where it was administered: ☐ Health Room ☐ Other:________________________________
- Administered by:____

Bronchodilator/Inhaler____

- Time of Administration:_______________
- Dose: __________________
- Location of where it was administered: ☐ Health Room ☐ Other:_____________________
- Administered by:____

Disposition

EMS Notified: ______________________________(time)

- Transferred to ER: ☐ Yes ☐ No ☐ Unknown
- If yes, transferred via: ☐ Ambulance ☐ Parent/Guardian ☐ Other:_________________________________

Parent/Guardian Notified:____________________(time)

- Parent: ☐ At school ☐ Will Come to School ☐ Will Meet student at hospital
  ☐ Other:____

Comments: ____

____

PARENT NOTIFICATION *This form must be sent home with student on the same day as event.*

Who was contacted:_______________________________________ Date:_______________ Time:______________

Reporting Person:____ Title: _________________________________

Form completed by

Name:____ Title:_________________________

Phone Number: (_____________) - _______________ - ______________________

Email: ____

Please make copies of this completed form and send to: 1) Parent/guardian 2) Special Education Supervisor for Health Services 3) Office of Superintendent