

**SENECA VALLEY SCHOOL DISTRICT
ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Student Name: _____ D.O.B. _____
 Allergic to: _____
 Parents/Guardians Name: _____
 Weight: _____ lbs.

PLACE
STUDENT'S
PICTURE
HERE

Asthma: Yes (higher risk for a severe reaction) No

For a suspected or active allergic reaction:

FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS

if checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

if checked, give epinephrine immediately for any symptoms if the allergen was likely eaten.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

mild nausea/discomfort



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**



1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**

2. Stay with student; alert emergency contacts.

3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis

DR. ORDERS REQUIRED:

MEDICATION: _____ DOSE: ____ PRN

MEDICATION: _____ DOSE: ____ PRN

Student should be allowed to carry inhaler and/or Epinephrine with him/her at school.

Student is capable of self-administration of inhaled asthma medication and/ or Epinephrine.

*****Parents are responsible to notify coaches/ activity sponsors of their child's allergy**

REQUIRED:

PARENT SIGNATURE: _____

PHYSICIAN SIGNATURE: _____

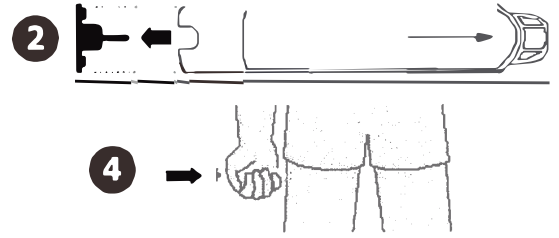
DATE: _____

DATE: _____

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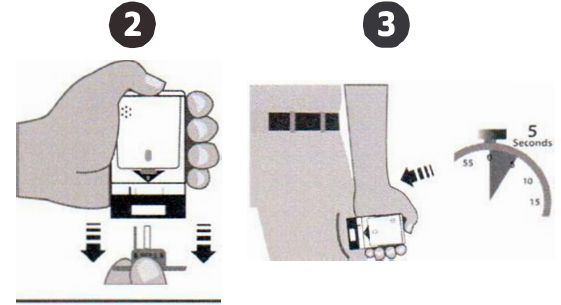
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR

1. Remove the EPI-Pen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



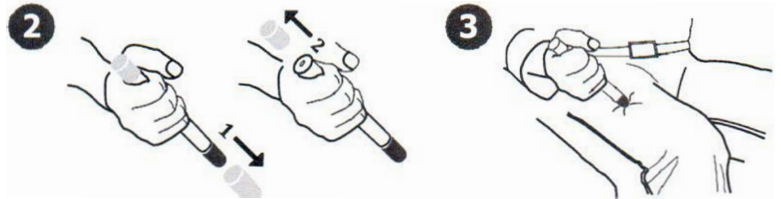
AUVI-Q™ (EPINEPHRINE INJECTION, USP)

1. Remove the outer case of Auvi-Q. this will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from **thigh**.



STUDENT AGREEMENT

- I have been trained in the use of my Auto-injector and allergy medication and understand the signs and symptoms for which they are given.
- I agree to carry my Auto-injector with me at all times.
- I will notify my coach/sponsor of my allergy at the first training/meeting session.
- I will notify a responsible adult IMMEDIATELY when the Auto-injector is used.
- I will not share my medication with other students.
- I will not use my allergy medication for any other use than what is prescribed for.

Student Signature: _____ **Date:** _____
Reviewed by School Nurse: _____ **Date:** _____

Treat student before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS:- CALL 911

Mom/Guardian: Call 1st _____ **Call 2nd** _____

Dad/Guardian: Call 1st _____ **Call 2nd** _____

Other Emergency Contacts

Name/Relationship: _____ **Phone:** _____

Name/Relationship: _____ **Phone :** _____

LOCATIONS OF AUTO INJECTORS & Expiration Dates:

___ **NURSE** (date _____) ___ **BACKPACK** (date _____) ___ **TEACHER** (date _____)