



AISD HEALTH SERVICES

Severe Allergic Reaction or Anaphylaxis Emergency Action Plan

Student: _____ DOB: _____ Grade: _____

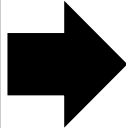
Parent/Guardian: _____ Phone: _____

Allergy to: _____

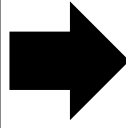
Reaction: _____

Asthma: YES (Higher risk for severe reaction) NO

<u>ANY SEVERE SYMPTOMS AFTER SUSPECTED OR KNOWN INGESTION:</u>
<p>LUNG: Short of breath, wheeze, repetitive cough HEART: Pale, blue, faint, weak pulse, dizzy, confused THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Obstructive swelling (tongue) SKIN: Many hives over body or (combination) hives, itchy rashes, swelling GUT: Vomiting, diarrhea, cramping, pain</p>
<u>MILD SYMPTOMS ONLY:</u>
<p>Mouth: Itchy mouth Skin: A few hives around mouth/face, mild itch Gut: Mild nausea/discomfort Nose: Itchy/runny nose, sneezing</p>



<ol style="list-style-type: none"> <u>INJECT EPINEPHRINE IMMEDIATELY</u> Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive. Consider giving additional medications following epinephrine: <ul style="list-style-type: none"> • Antihistamine • Inhaler, if wheezing <p><i>*Do Not Rely on antihistamines or inhalers to treat an anaphylactic/severe reaction – USE EPINEPHRINE!!</i></p>
<ol style="list-style-type: none"> <u>GIVE ANTIHISTAMINE</u> Stay with student; alert healthcare professionals and parent Watch closely for changes. If symptoms worsen, give EPINEPHRINE Begin monitoring (see below)



Monitoring: Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. If symptoms of anaphylaxis do not resolve with initial dose of epinephrine and EMS arrival will exceed 5 to 10 minutes, a second dose of epinephrine may be administered.

Healthcare Provider

Epinephrine (brand & dose): _____

Antihistamine (brand & dose): _____

Other (e.g., inhaler/bronchodilator): _____

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.
- YES NO Student has been instructed in the proper way to administer their emergency medication and may self-carry. Student is knowledgeable about this medication and has the skills to safely possess and use the prescribed medication.

Name _____ Phone (____) _____ - _____ Signature _____ Date _____

Parent/Guardian

- YES NO I give permission for the medicine(s) listed above to be administered by the nurse or other school staff as appropriate.
- YES NO I request that the above-named student, be allowed to carry his/her Epinephrine prescribed above. I accept the legal responsibility should the medication be lost, given, or taken by a person other than the student for whom it was prescribed. If this should happen, the privilege of carrying the epinephrine may be revoked. I understand that AISD has no legal responsibility when the above named student administers his/her own medication.
- YES NO I consent to communication between the prescribing health care provider or clinic and the school nurse necessary for allergy management and administration of this medicine.

*Notice of Parent and Student Rights Under Section 504: Based on information provided on this Emergency Action Plan, your child may be eligible for Section 504 consideration. If you have any questions about Section 504 eligibility or the evaluation process, please contact the 504 Coordinator at your child's campus. Signature on this form indicates receipt of rights.

Name _____ Phone (____) _____ - _____ Signature _____ Date _____



AI SD HEALTH SERVICES

Severe Allergic Reaction or Anaphylaxis Emergency Action Plan

School Nurse

- YES NO The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Signature _____ Date _____

TRAINED STAFF MEMBERS

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

LOCATION OF MEDICATION

- Student to carry _____
- Health Office/Designated Area for Medication: _____
- Other: _____

EPIPEN (EPINEPHRINE) AUTO-INJECTOR:

1. Remove the EpiPen 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 gray 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