



# 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**

<p><b><u>Mild Symptoms Only</u></b>  <b>Mouth:</b> Itchy mouth  <b>Skin:</b> A few hives around mouth/face, mild itch  <b>Gut:</b> Mild nausea/discomfort</p>		<p><b><u>Give Antihistamine if available</u></b>          Stay with child, alert nurse and parent/guardian          If Symptoms Progress go to Step 2 and Inject          Emergency Medicine (EpiPen)</p>
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### STEP 2: TREATMENT

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

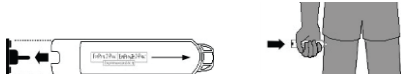

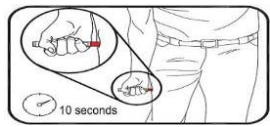
Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Signature Date Telephone Number

## Allergy Action Plan – page 2

### EMERGENCY CONTACTS

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

### DIRECTIONS:

<b>EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS</b>	<b>AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS</b>	<b>ADRENALIN®/ADRENALIN® GENERIC DIRECTIONS</b>
<p>1. Remove the EpiPen Auto-Injector from the plastic carrying case.</p> <p>2. Pull off the blue safety release cap.</p> <p>3. Swing and firmly push orange tip against mid-outer thigh.</p> <p>4. Hold for approximately 10 seconds.</p> <p>5. Remove and massage the area for 10 seconds.</p>	<p>1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.</p> <p>2. Pull off red safety guard.</p> <p>3. Place black end against mid-outer thigh.</p> <p>4. Press firmly and hold for 5 seconds.</p> <p>5. Remove from thigh.</p>	<p>1. Remove the outer case.</p> <p>2. Remove grey caps labeled “1” and “2”.</p> <p>3. Place red rounded tip against mid-outer thigh.</p> <p>4. Press down hard until needle penetrates.</p> <p>5. Hold for 10 seconds. Remove from thigh.</p>
		

### Trained Staff:

1. _____	<b>Room #</b> _____	<b>Ext.</b> _____
2. _____	<b>Room #</b> _____	<b>Ext.</b> _____
3. _____	<b>Room #</b> _____	<b>Ext.</b> _____
4. _____	<b>Room #</b> _____	<b>Ext.</b> _____

### SELF-ADMINISTRATION OF PRESCRIPTION ANAPHYLAXIS MEDICINE

<i>(To be completed by the Authorizing Physician)</i>		
<p><input type="checkbox"/> It is my professional opinion that _____ (student’s name) <i>should</i> 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.</p> <p><input type="checkbox"/> It is my professional opinion that _____ (student’s name) <i>should NOT</i> be allowed to carry and self-administer any of his/her anaphylaxis medicine while on school property or at school related events.</p>		
_____ <b>Physician (Print Name)</b>	_____ <b>Signature</b>	_____ <b>Date</b>
<i>(To be completed by Parent/ Legal Guardian)</i>		
<p><b><u>APPLICABLE ONLY IF THE CRITERIA HAS BEEN/ ARE BEING MET TO SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE</u></b></p> <p>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.</p>		
_____ <b>Parent/Guardian (print)</b>	_____ <b>Signature</b>	_____ <b>Date</b>