Allergy and Anaphylaxis Emergency Plan (Adopted from American Academy of Pediatrics)

Student's name: _____ Date of plan: _____

Date of birth: _____/_____/_____ Grade: _____ Weight: _____ kg

Place student photo here

Student has an allergy to _____

Student has asthma. ☐Yes ☐ No (If yes, higher chance of severe reaction)
Student has had anaphylaxis. ☐Yes ☐ No
Student may carry EPI. ☐Yes ☐ No
Student may self administer EPI ☐Yes ☐ No (If refuses/is unable to self-treat, an adult must administer EPI)

ANAPHYLAXIS IS POTENTIALLY LIFE-THREATENING. IF IN DOUBT, GIVE EPINEPHRINE

For SEVERE Allergy and Anaphylaxis

What to look for:

If the student has **ANY** of these severe symptoms after eating the food or having a sting, **GIVE EPINEPHRINE**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐**SPECIAL SITUATION**: If this box is checked, the student has an extremely severe allergy to an insect sting or the following food(s) _____.
Even if the student has **MILD** symptoms after a sting or eating these foods, **GIVE EPINEPHRINE**.

Give epinephrine!

What to do:

1. Inject epinephrine right away! Note time when the epinephrine was given.
2. Call 911
   - Ask for an ambulance with epinephrine.
   - Tell EMS when epinephrine was given.
3. Stay with the student and:
   - Call parents/guardian
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep the student lying on their back. If the student vomits or has trouble breathing, keep the student lying on their side.
4. Give other medicine, if prescribed. Do **NOT use other medicine in place of epinephrine**
   - Antihistamine
   - Inhaler/bronchodilator.

For a MILD Allergic Reaction

What to look for:

If the student has had any mild symptoms, **monitor student**.
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach discomfort or nausea

Monitor student

What to do:

Stay with student and:

- Watch student closely.
- Give antihistamine (if prescribed).
- Call parent/guardian
- **If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")**

Medications/Doses:

Epinephrine, intramuscular (list type): _____ Dose: ☐0.10mg (7.5 kg to less than 13 kg)*
☐0.15mg (13 kg to less than 25 kg)
☐0.30 mg (25 kg or more)
(*Use 0.15mg, if 0.10mg is not available)

Antihistamine, by mouth (type and dose) _____

Other (for example, inhaler/bronchodilator if student has asthma): _____

_____ _____ _____ _____

Parent/Guardian Authorization Signature **Date** **Physician/HCP Authorization Signature & STAMP** **Date**

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Additional Instructions:

As parent/guardian, I request the enclosed medication, in the original container be administered to my child as per this action plan. I consent to the release of the information contained in this Allergy and Anaphylaxis Emergency Plan (AAEP) to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I give permission to the school nurse or another qualified healthcare professional to contact my child's healthcare provider. We understand that the Cherry Hill Public School District shall incur no liability as a result of any injury arising from this AAEP. We further acknowledge that we understand that any person or delegate who acts in good faith in accordance with the requirements of law shall be immune from any civil or criminal liability arising from actions performed pursuant to this request.

Parent/Guardian: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Contacts:

Call 911

Physician: _____ Phone: _____

Other Emergency Contacts:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____