

Allergy and Anaphylaxis Emergency Plan

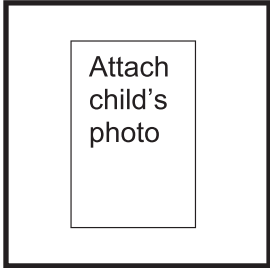


Child's name: _____ Date of plan: _____

Date of birth: ___/___/___ Age ___ Weight: _____kg

Child has allergy to _____

- Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)



IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child 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, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child 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 epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**

Symptoms may include:

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

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

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

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Additional Instructions:

**For school staff - if the student exhibits any sign/symptom of an allergic reaction, always call the office and request that a nurse or first responder be sent to your room immediately!

**For parents - Please sign the additional FCS specific parent permission section below:

Parent Permission: I hereby give permission for my child to receive the above medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the above medication. I have read and agree to follow the policy guidelines related to medication administration by Franklin County Schools' staff. * If this is a self-administered medication I understand the school nurse will meet with my child and determine competency. I authorize the exchange of any medical information between my child's physician and the Franklin County school nurse that may be necessary to provide care for my child.

Parent Signature

Date

Reviewed by School Nurse: _____ Date _____

Contacts

Call 911 / Rescue squad: (____) _____ - _____

Doctor: _____ Phone: (____) _____ - _____

Parent/Guardian: _____ Phone: (____) _____ - _____

Parent/Guardian: _____ Phone: (____) _____ - _____

Other Emergency Contacts

Name/Relationship: _____ Phone: (____) _____ - _____

Name/Relationship: _____ Phone: (____) _____ - _____