

ST. THOMAS AQUINAS HIGH SCHOOL
Individual Emergency Health Plan for Anaphylaxis
 (Anaphylaxis is a potentially life-threatening allergic reaction. Act quickly)

Appendix E

PICTURE
OF
STUDENT

Name: _____ Allergic to: (1) _____
 D/O/B: _____

Asthmatic (Check box if YES) Student has an increased risk of a severe allergic reaction. Epinephrine should be given first (before asthma medications) in case of a reaction with any breathing symptoms.

« STEP 1 TREATMENT »

| SIGNS OF AN ALLERGIC REACTION | | MEDICATION (indicate medication name/dose/route, to be determined by physician authorizing treatment) | |
|-------------------------------|--|--|---------------|
| Category | Symptom(s) | Epinephrine | Antihistamine |
| - | No symptoms and <i>suspected</i> ingestion of allergen. | Second Dose* <input type="checkbox"/> | |
| - | No symptoms and <i>known</i> ingestion of allergen. | Second Dose* <input type="checkbox"/> | |
| <i>Mouth</i> | Itching, tingling, or swelling of lips, tongue, or mouth | Second Dose* <input type="checkbox"/> | |
| <i>Nose/Eyes</i> | Hayfever-like symptoms: runny, itchy nose; red eyes | Second Dose* <input type="checkbox"/> | |
| <i>Skin(1)</i> | Localized hives and/or localized itchy rash | Second Dose* <input type="checkbox"/> | |
| <i>Skin(2)</i> | Hives and/or itchy rash on more than one part of the body, swelling of face or extremities | Second Dose* <input type="checkbox"/> | |
| <i>Gut</i> | Nausea, abdominal cramps, vomiting, diarrhea | Second Dose* <input type="checkbox"/> | |
| <i>Throat</i> | Hacking cough, tightening of throat, hoarseness, difficulty swallowing | Second Dose* <input type="checkbox"/> | |
| <i>Lung</i> | Shortness of breath; wheezing; short, frequent, shallow cough | Second Dose* <input type="checkbox"/> | |
| <i>Heart</i> | Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness) | Second Dose* <input type="checkbox"/> | |
| <i>Multiple</i> | Symptoms from two or more of the above categories. | Second Dose* <input type="checkbox"/> | |

* If symptoms are not improving within 10 minutes of administering epinephrine, give a second dose.

DOSAGE

Epinephrine: inject intramuscularly (circle one): EpiPen® EpiPen® Jr. Twinject® 0.3mg Twinject® 0.15mg
 (see last page for instructions)

Antihistamine (medication/dose/route): _____

Other (medication/dose/route): _____

The aforementioned student is my patient and I have authorized the treatment protocol outlined on the preceding page and affirm that there are no contraindications to receiving the treatment protocol.

Physician signature and date: _____

« After administering treatment, turn page over for EMERGENCY CONTACTS »

Student Name: _____ DOB _____

« 2. EMERGENCY CONTACTS »

| | NAME | RELATIONSHIP | PHONE NUMBER | INSTRUCTIONS |
|---|----------------------------------|-------------------------------------|--------------|---|
| 1 | 911 or Rescue Squad | | 911 or _____ | - This is the <u>first</u> call that should be made after administering epinephrine. - Indicate on the phone that student is suffering from an allergic reaction and may require additional epinephrine. |
| 2 | Physician: Dr. _____ | Student's allergist or pediatrician | | |
| 3 | Parent/Guardian: | (Specify Relationship): | | |
| 4 | Parent/Guardian: | (Specify Relationship): | | |
| 5 | Emergency Contact (name): | (Specify Relationship): | | |
| 6 | | | | |

I authorize the administration of epinephrine, antihistamine or other specified medication to the aforementioned student as per the treatment protocol outlined on the preceding page.

Parent/Guardian signature and date: _____

**ST. THOMAS AQUINAS AHR HIGH SCHOOL
Individual Emergency Health Plan for Anaphylaxis**

STUDENTS NAME: _____

DOB: _____

TRAINED STAFF MEMBERS

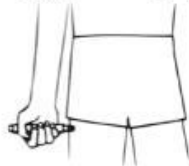
- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



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