

**Deer Creek Public School District**  
**Allergy and Anaphylaxis Emergency Plan**

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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)

Attach  
child's  
photo

**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. Give 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 more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

**Medicines/Doses**

Epinephrine (list type): \_\_\_\_\_ Intramuscular:

- ☐ 0.10 mg (7.5 kg to less than 13 kg)\*  
☐ 0.15 mg (13 kg to less than 25 kg)  
☐ 0.30 mg (25 kg or more)

(\*Use 0.15 mg, if 0.10 mg is not available)

Intranasal:

- ☐ 1 mg (4 years or older and 15 kg to less than 30 kg)  
☐ 2 mg (30 kg or more)

\*\*If more than one epinephrine is selected, then either one can be used

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

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This information should not take the place of talking with your child's doctor. Page 1 of 2.

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## Additional Instructions:

### Please check appropriate responses below:

- Is the reaction from ☐ INGESTION ONLY or ☐ Exposure/Ingestion
- ☐ NO allergen containing foods in classroom
- ☐ Must sit at a NUT-FREE table in the cafeteria

## Contacts

Call 911 / Rescue squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_