JEFFERSON TOWNSHIP PUBLIC SCHOOLS
Allergy Emergency Action Plan

Student's Name_____**D.O.B.**_____ **Weight:**_____ **Teacher**_____

ALLERGY TO:_____

Asthmatic Yes No *Higher risk for severe reaction

STEP 1: TREATMENT BY SCHOOL NURSE

Symptoms:	**Give Checked Medication : **** **(To be determined by physician authorizing treatment)**
▪ If a food allergen has been ingested, or if stung, but *no symptoms*:	☐Epinephrine ☐Antihistamine
▪ **Mouth**: Itching, tingling, or swelling of lips, tongue, mouth	☐Epinephrine ☐Antihistamine
▪ **Skin:** Hives, itchy rash, swelling of the face or extremities	☐Epinephrine ☐Antihistamine
▪ **Gut:** Nausea, abdominal cramps, vomiting, diarrhea	☐Epinephrine ☐Antihistamine
▪ **Throat:** †Tightening of throat, hoarseness, hacking cough	☐Epinephrine ☐Antihistamine
▪ **Lung:** † Shortness of breath, repetitive coughing, wheezing	☐Epinephrine ☐Antihistamine
▪ **Heart:** † Thready pulse, low blood pressure, fainting, pale, blueness	☐Epinephrine ☐Antihistamine
▪ **Other:** † _____	☐Epinephrine ☐Antihistamine
▪ **If reaction is progressing (several of the above areas affected), give**	☐Epinephrine ☐Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: Inject intramuscularly (circle one) _____0.3 mg epinephrine auto injector (66 lbs or greater)
_____0.15 mg epinephrine auto injector
Administer nasally (circle one) _____ 2 mg epinephrine nasal spray one nostril (66 lbs or greater)
_____ 1 mg epinephrine nasal spray one nostril

*****Epinephrine may be repeated in 5-7 minutes if symptoms do not improve - Use same nostril if using nasal spray*****

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____
3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.)_____ 2.) _____
b. _____	1.)_____ 2.) _____

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT

P.L. 2007, c 57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one):

P.L. 207, c 57 directs that a student may be permitted to self-administer medications for potentially life-threatening illnesses, provided proper procedures are followed.

_____Student **IS NOT** capable of self-administration.
_____Student **IS** capable of self-administration, has been instructed in its use, and may carry an epinephrine with him/her.

Parent/Guardian Signature_____ Date_____ Physician Signature_____Date_____

Physician Stamp: