

Children's Hospital of The King's Daughters, Inc.  
601 Children's Lane, Norfolk, VA 23507-1910

Allergy/Immunology Department

**Allergy and Anaphylaxis Emergency Plan  
(Life-threatening Allergy Management Plan)**

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

To be completed by provider: Valid for School Year \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight \_\_\_\_\_

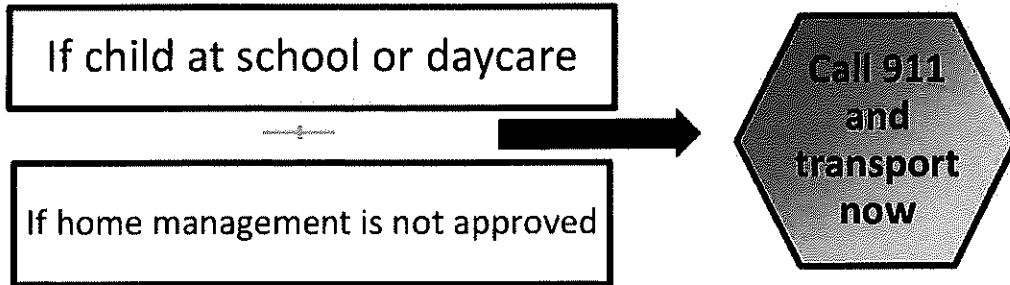
Allergy to: \_\_\_\_\_

**Action for a Major Reaction: (two systems or single severe symptom)**

<u>Systems:</u>	<u>Symptoms:</u>
MOUTH	swelling of the lips, tongue, or mouth
THROAT	tight throat, hoarseness, drooling, trouble swallowing
LUNG	shortness of breath, repetitive cough and/or wheezing
HEART	thready pulse, faint, confused, dizzy, pale, blue
SKIN	multiple hives, swelling about the face and neck
GUT	abdominal cramps, vomiting

**Administer Epinephrine immediately (Can repeat after 5 minutes if no improvement):**

- Epinephrine 0.3 mg IM ( $\geq 25$  kg)     Epinephrine 0.15 mg IM ( $12 < 25$ kg)
- Epinephrine 0.1 mg IM ( $<12$  kg)     Epinephrine \_\_mg INTRANASAL



**Action for Mild Reaction:**

<table border="0"> <thead> <tr> <th><u>Systems:</u></th> <th><u>Symptoms:</u></th> </tr> </thead> <tbody> <tr> <td>MOUTH</td> <td>itchy mouth</td> </tr> <tr> <td>SKIN</td> <td>minor itching "and/or" a few hives</td> </tr> <tr> <td>GUT</td> <td>mild nausea</td> </tr> </tbody> </table>	<u>Systems:</u>	<u>Symptoms:</u>	MOUTH	itchy mouth	SKIN	minor itching "and/or" a few hives	GUT	mild nausea	<p><b>Liquid medication:</b></p> <p><input type="checkbox"/> cetirizine (5mg/5ml) p.o</p> <p>Dose: _____</p> <p><input type="checkbox"/> diphenhydramine (12.5mg/5ml) p.o. (can be repeated q 4-6 hours)</p> <p>Dose: _____</p> <p style="font-size: 2em; font-weight: bold;">OR</p>
<u>Systems:</u>	<u>Symptoms:</u>								
MOUTH	itchy mouth								
SKIN	minor itching "and/or" a few hives								
GUT	mild nausea								

**Stay with child. Alert parents. If symptoms worsen, then follow steps for major reaction.**

**Emergency Contacts:**

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

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NURSE'S SIGNATURE

\_\_\_\_\_  
DATE

Print Healthcare Provider's Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

## Life-Threatening Allergy Management Plan (LAMP)

### Permission to Carry and/or Self-Administer Epinephrine (if appropriate)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, as the Healthcare Provider, certify that this child has a medical history of severe allergic reactions has been trained in the use of the prescribed medication(s) and is judged to be capable of carrying and self-administering this medication(s). The nurse or the appropriate school staff should be notified anytime the medication/injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.

- Self-Carry
- Self-Administer

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Print Healthcare Provider name

\_\_\_\_\_  
Date

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In accordance with the Code of Virginia Section 22.1-274, I agree to the following:

I will not hold the school board or any of its employees liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

I understand that the school, after consultation with the parent(s) may impose reasonable limitations or restrictions upon a student's possession and/or self-administration of said emergency medication relative to the age and maturity of the student or other relevant consideration.

I understand that the school may withdraw permission to possess and self-administer the said emergency medication at any point during the school year if it is determined the student has abused the privilege of possession and self-administration or that the student is not safely and effectively self-administering the medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date