WILMINGTON PUBLIC SCHOOLS
Food and Insect Allergy Action Plan

Place Student's Picture Here

Name: _____ D.O.B. ____/____/_____

Severe Allergy to: _____ Weight: _____ lbs.

Child has Asthma: ☐ YES ☐ NO (If yes, higher risk for severe reaction)
Child has had anaphylaxis ☐ YES ☐ NO
Child may carry medicine* ☐ YES ☐ NO (Recommended for students in Grades 6-12)
Child may give him/herself medicine* ☐ YES ☐ NO (Recommended for students in Grades 6-12)

provided the school nurse determines it is safe and appropriate

Any SEVERE SYMPTOMS after suspected or known Ingestion:

One or more of the following:
- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:
- SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications*
   - Antihistamine
   - Inhaler for Asthma

*Antihistamine & Inhalers are not to be depended upon to treat a severe reaction (anaphylaxis), USE EPINEPHRINE

Medication/Dose:

Epinephrine dose:
☐ 0.3 mg Adult IM ☐ May repeat 0.3 mg Adult IM
☐ .15 mg Child IM ☐ May repeat .15 mg Child IM
Antihistamine (if ordered, must be administered by nurse): _____

Monitoring: ***Stay with student, alert healthcare professionals and parent***.
Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine may be administered if applicable (see prescription label). For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See Page 2 for auto-injection technique.

_____ _____ _____ _____
Parent/Guardian Signature **Date** **Physician/Healthcare Provider Signature** **Date**

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EPIPEN or Generic EPINEPHRINE



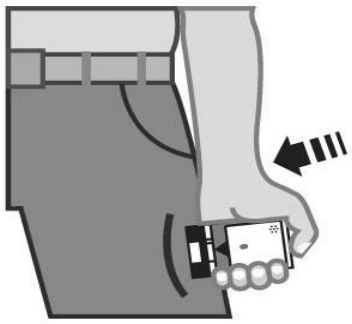
Epipen Auto-Injector Directions:

- First, remove the Epipen from the plastic carrying case
- Pull off the BLUE safety release cap
- Hold ORANGE tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds

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AUVI-Q





Auvi-Q Auto-Injector Directions:

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions
- Pull off RED safety guard
- Place BLACK end against outer thigh, then press firmly and hold for 5 seconds

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NOTE: ***Twinjects are not allowed to be administered by Wilmington School Nurses or delegated to non-nursing school personnel (per MDPH). Please provide EPIPEN/EPIPEN Jr's, Auvi-Q or Generic Epinephrine only, per WPS Medication Policy.***

Thank you.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan. A kit must accompany the student if he/she is off school grounds (i.e. field trips).

CONTACTS

Call EMS: 911 Doctor: _____ Phone: _____
Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____
Name/Relationship: _____ Phone: _____

AAP: Rev August 2018