



ALLERGY & ANAPHYLAXIS EMERGENCY PLAN

DATE OF PLAN: _____

Student Name: _____ Date of Birth (MM/DD/YY): _____ Age: _____

School: _____ Grade: _____ Weight: _____ lbs. kg

History of anaphylaxis: Yes No Student has asthma: Yes (*higher risk for a severe reaction*) No
 Student may: Self-carry epinephrine: Yes* No Self-administer epinephrine: Yes* No **By choosing yes, I confirm the student has received instruction on the indication for medication usage and the method of administration.*
 Allergies (please list):

IMPORTANT REMINDER: DO NOT depend on antihistamines or inhalers to treat a severe reaction. USE EPINEPHRINE.

For ANY of the following SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, or coughing	 HEART Pale or bluish skin, fainting, weak pulse, or dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Swelling of lips or tongue
 SKIN Many hives or redness over body	 GUT Repetitive vomiting or severe diarrhea	 OTHER Feeling of "doom," confusion, altered consciousness, or agitation	

Or a **COMBINATION** of symptoms.



- ADMINISTER EPINEPHRINE IMMEDIATELY.**
Note time epinephrine was given.
- CALL 911.** Tell the emergency dispatcher the student is having anaphylaxis.
- Stay with the student and monitor closely.**
Alert emergency contacts and the student's healthcare provider.
 - If symptoms worsen or do not improve after five minutes, give a second dose of epinephrine.
 - Keep the student lying on their back. If the student vomits or has trouble breathing, keep the student lying on their side.
- Give other medicine (if prescribed).**
 - Antihistamine/inhaler (bronchodilator) if wheezing.****Do not use other medicine in place of epinephrine.****

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 GUT Mild nausea or discomfort	 SKIN A few hives, mild itch
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For **MILD SYMPTOMS** from **MORE THAN 1 SYSTEM AREA**, GIVE EPINEPHRINE.

For **MILD SYMPTOMS** from **A SINGLE SYSTEM AREA**, follow the directions below:

- Give antihistamine (if prescribed).
- Stay with the student and monitor closely for changes. If symptoms worsen, give epinephrine.
- Alert emergency contacts.

Check here if the student has an extremely severe allergy and should be given epinephrine at the first sign of any symptoms, even if mild.

MEDICATIONS/DOSES

Epinephrine (list type): _____
 Epinephrine Dose: 0.1 mg IM (intramuscular) 0.15 mg IM
 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Antihistamine, by mouth (type and dose): _____
 Other (type/dose/route): _____

Additional Instructions/Comments:

EMERGENCY CONTACTS

Health Care Provider:	Parent/Guardian:	Other (Name/Relationship):
Phone:	Phone:	Phone:
Printed Name of Parent/Guardian	Parent/Guardian Signature	Date
Printed Name or Stamp of Health Care Provider	Health Care Provider Signature	Date
Printed Name of School Nurse (<i>per policy</i>)	School Nurse Signature (<i>per policy</i>)	Date