MCS-243
5/26

Mason City Schools
Anaphylaxis Individual Health Action Plan

Student Name_____ID#_____DOB: __/__/____Date of IHP_____

Teacher_____Team_____Transportation: Bus#_____AM____PM____ Car Rider_____

Student has allergy to: _____

Student has asthma? Yes_____No_____(If yes, higher chance of severe reaction)

Student has had anaphylaxis Yes_____No_____(Date of last epipen given:_____)

Cafeteria Restricted Seating (K-6) Yes_____No_____

Does student have ***physician permission t***o self-carry and/or self-administer epinephrine in addition to the epinephrine kept in the clinic? Yes_____No_____ iF Yes, location:_____

Medication(s)/Dosage

Medication(s)/Dosage (Check all that apply)

- ☐ **Epinephrine Autoinjector 0.15 mg (IM into thigh, if less than 66 pounds)**
- ☐ **Epinephrine Autoinjector 0.30 mg (IM to thigh, if more than 66 pounds)**
- ☐ **Nasal Epinephrine 1 mg (1mg nasally if less than 66 pounds). Administer Neffy by inserting the nozzle of the nasal spray fully into one nostril until the fingers touch the nose**
- ☐ **Nasal Epinephrine 2 mg (2mg if more than 66 pounds). Administer Neffy by inserting the nozzle of the nasal spray fully into one nostril until the fingers touch the nose**
- ☐ **Zyrtec (dosage)_____(OR)Benadryl (Dosage)_____**

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine

SYMPTOMS	**ACTION STEPS**
For **ANY** of the Following **SYMPTOMS** (Stay with the individual. Never leave alone) ***One* or *more* of the following:** **LUNG:** Short of Breath, wheezing, repetitive coughing **HEART:** Pale, blue, faint, weak pulse, dizzy, confused **THROAT:** Tight, hoarse, trouble breathing and/or speaking or swallowing. **MOUTH:** Significant swelling of the tongue and/or lips **SKIN:** Many hives over the body, widespread redness **GUT:** Repetitive vomiting, severe diarrhea **NEURO:** Feeling something bad is about to happen, anxiety fear,	1. **Inject an epinephrine autoinjector or Or nasal epinephrine** 2. Call EMS (911) 3. Begin monitoring (see box below) 4. Send used autoinjector(s) to the emergency department with the individual.

Monitoring

Monitoring after 911 is called-Airway, Breathing and Cardiac
Stay with the individual; alert the healthcare professional, principal, and parent
Note:

- ☐ Record the time epinephrine was used and inform the rescue squad upon arrival
- ☐ Continue to keep on back with legs elevated. (Legs above the heart). If difficulty breathing or vomiting is present, let the individual sit up or lie on their side.

Parent Signature_____Date_____