Bentonville Schools
Life-Threatening Allergies Plan

Student Photo

Student Name: _____
Grade: _____ Teacher: _____ Date of Birth: _____

Anaphylactic Allergy To: _____
Allergic Reaction: Ingested? __Y__N **Touched?** __Y__N **Inhaled/Airborne?** __Y __N (Attach lab results optional)

Asthmatic: ____Yes* or ____No **If your child is asthmatic, you must also provide an Asthma Action Plan!*

- Due to safety concerns, student will sit at a "nut free/school lunch only" table _____YES _____NO
- Classroom must be "allergen free "(students cannot have products with allergen in class) _____YES _____NO
- Student is allowed to self-carry Epi-Pen: _____YES _____NO Date student trained: _____

STEP 1: TREATMENT

Symptoms:		**Give Checked Meds** ** (as Determined by Physician)	
If a food allergen has been ingested, but *no symptoms:*		☐ **Epinephrine**	☐ **Antihistamine**
Mouth	Itching, tingling, or swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
Skin	Hives, itching 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**

Severity of symptoms can quickly change and is potentially life-threatening! Call 911 & send used medication with EMT

DOSAGE

Epinephrine: inject intramuscularly (circle one)
Epi-Pen® Epi-Pen®Jr. Twinjet™ 0.3mg Twinjet™ 0.15mg Auvi-Q

Antihistamine: give: _____
(Medication: tablet/liquid – dose - route)

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. **Call 911 State an allergic reaction has been treated and additional treatment may be needed!**
2. Dr. _____ Phone Number: _____
3. Parents_____ _____ Phone Number:_____
4. Emergency Contacts: **Name/Relationship** **Phone Number**
   a. _____ _____
   b. _____ _____

Doctor's Signature_____ **Date**:_____ **(Required)**

Parent/Guardian Signature_____ **Date:**_____ **(Required)**

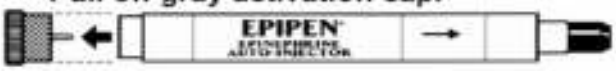
School Nurse Signature _____ **Date:** _____ **(Required)**

BSD TRAINED STAFF MEMBERS

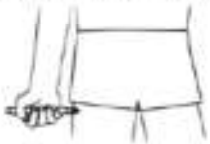
1. _____	Date trained: _____
2. _____	Date trained: _____
3. _____	Date trained: _____
4. _____	Date trained: _____
5. _____	Date trained: _____
6. _____	Date trained: _____
7. _____	Date trained: _____
8. _____	Date trained: _____
9. _____	Date trained: _____
10. _____	Date trained : _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.



- Put needle into thigh through skin, push plunger down all the way, and remove.



- **Call 911** Tell rescue squad epinephrine given; request an ambulance with epinephrine.
- **Administer Medication if ordered according to healthcare plan**
  - **EpiPen®, Twinjet™, or AuviQ**
- **Give used Medication to EMS personnel when they arrive.**
- **Monitoring - Stay with student; Alert healthcare professionals and parent**.
  1. Note time of Epinephrine administration.
  2. Give Second Dose of Epinephrine 5 minutes or more after the first if symptoms persist or recur.
  3. For a severe reaction, keep student lying on back with legs raised.
- **Complete and Send** "Report of Epinephrine Administration" **form to Arkansas Dept. of Education**