

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

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