VOLUSIA COUNTY SCHOOLS

VOLUSIA STUDENT SERVICES
Student Health Services

Anaphylaxis Action Plan

STUDENT INFORMATION

Student Name: _____ **DOB:** _____

Allergies (list all): **Asthma:** ☐ Yes (high risk for severe reaction) ☐ No

Additional health problems excluding anaphylaxis:

Concurrent medications:

EMERGENCY MEDICATIONS

SELECT MEDICATION NAME & DOSAGE

Medication		Dosage
☐ Adrenaclick ☐ EpiPen ☐ Neffy - Nasal Spray ☐ AUVI-Q	☐ Other:	☐ 0.15 mg ☐ 0.30 mg ☐ Other_____

EMERGENCY ACTION STEPS

1. Symptoms of Anaphylaxis

MILD SYMPTOMS		SEVERE SYMPTOMS	
Mouth	Itchy mouth	Mouth	Itching, swelling of lips and/or tongue itching
Skin	Minor itching and/or hives	Throat	Tightness/closure, hoarseness
Gut	Mild nausea	Skin	Itching, hives, redness, swelling
		Gut	Vomiting, diarrhea, cramps
		Lung	Shortness of breath, cough, wheeze, weak pulse
		Heart	Dizziness, collapse

Action:
- Stay with student
- Give Antihistamine (if ordered)
- Contact parent/guardian
- Monitor closely

2.



3. Contact Information

Emergency contact #1: Home: _____ Work: _____ Cell: _____

Emergency contact #2 Home: _____ Work: _____ Cell: _____

Emergency contact #3 Home: _____ Work: _____ Cell: _____

Comments:

Provider Signature **Phone Number** **Date**

Parent Signature **Date** **RN Supervisor Signature** **Date**

TO BE COMPLETED BY VCS HEALTH SERVICES STAFF

Individualized Health Care Plan
Anaphylaxis

Student Name: _____ **DOB:** _____

ASSESSMENT DATA: **Moderate to severe Allergic Reaction**

NURSING DIAGNOSIS: Risk for ineffective breathing patterns related to inflammation of airway due to exposure to allergen.

DESCRIPTION: **Allergen_____**

GOALS: Student will not experience severe signs /symptoms of allergic reaction. The student will verbalize understanding of how to avoid allergic triggers. Student will have an IHP and/or ECP in place to include student, staff and parental roles in preventing and managing an anaphylactic reaction.

SIGNS & SYMPTOMS: Nausea, abdominal cramps, vomiting, diarrhea, hives, itchy rash and/or swelling about the face or extremities, itching and swelling of the lips, tongue and /or mouth, itching and/or a sense of tightness in the throat, hoarseness and hacking cough, shortness of breath, repetitive coughing and wheezing, thready pulse, which may lead to unconsciousness. **911 should be activated if student presents severe symptoms or administration of medication.** All above symptoms can potentially progress to a life-threatening situation.

MEDICATIONS: Follow Emergency Care plan as prescribed by medical provider.

NURSING INTERVENTIONS:

- Educate school staff on signs/symptoms of potential anaphylactic reaction and appropriate steps for prompt treatment
- Provide child specific training for staff regarding anaphylaxis potential and treatment
- Notify food service to provide alternate food choices, if needed
- Monitor and continue to educate regarding allergen signs/symptoms and treatment of allergic reaction
- Require medication demonstration from student/staff. Student can identify trained staff

OUTCOME/ COMMENTS:

_____ _____
Clinic Staff Signature **Date**

_____ _____
RN Supervisor Signature **Date**