TN Department of Education

# 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 medicine: ○ Yes* ○ No Self-administer medicine: ○ 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.

1. **ADMINISTER EPINEPHRINE IMMEDIATELY.** Note time epinephrine was given.
2. **CALL 911.** Tell the emergency dispatcher the student is having anaphylaxis.
3. **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.
4. **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:

1. Give antihistamine (if prescribed).
2. Stay with the student and monitor closely for changes. If symptoms worsen, give epinephrine.
3. 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 *(per policy)* | School Nurse Signature *(per policy)* | Date |