

**Northwest Independent School District
Epinephrine Medical Plan**

Student's Name _____ Grade _____ Birthdate _____ Campus _____ Weight _____ Asthma _____ Yes _____ No Allergic to _____	Student Picture
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Emergency Treatment for MILD Symptoms

If a student experiences a few hives, itchy skin, swelling at the site of an insect sting, or if an ingestion or sting is suspected, watch for progression to SEVERE symptoms

Send student to the health clinic **ACCOMPANIED BY AN ADULT**

Give _____ (amount) of _____ (antihistamine) by mouth

Contact the PARENT or emergency contact. Student may be able to go back to class if symptoms improve. If symptoms do not improve, see below.

Student should rest in the clinic for 20-30 minutes if parent does not pick them up. **MONITOR** closely for improvement or worsening of symptoms until parent arrives. Prepare to give epinephrine if needed.

Emergency Treatment/SEVERE Allergic Reaction-- CALL 911

Symptoms: Mild symptoms may become SEVERE. Signs of a life-threatening reaction may include:

Mouth/Face	Itching, swelling of lips and/or tongue, metallic taste in mouth; swelling around eyes; eyes bulging
Throat	Itching, tightness/closure, hoarseness, trouble swallowing
Skin	Itching, hives, redness, swelling (more than just a local reaction at site of insect sting)
Gut	Nausea, vomiting, diarrhea, cramps
Lungs	shortness of breath, cough, wheezes, nasal congestion
Heart	weak pulse, dizziness, passing out, low blood pressure
Behavior	Anxiety, difficulty talking, slurred speech, headache, confusion, "feeling of doom"

Give EPINEPHRINE immediately for severe symptoms or mild symptoms from more than one area above

DOSE OF EPINEPHRINE TO BE GIVEN:

Epi: _____ Route: _____

Repeat in _____ minutes if symptoms return or if no relief of symptoms

Call 911. Epinephrine only lasts about 15-30 minutes

Contact parent or guardian. Parent or guardian must come to campus or student will be transferred by ambulance to nearest ER.

EMS will determine if transfer is required before parent reaches campus. If parent does not want student transferred by ambulance, parent should take student to nearest Urgent Care or ER.

If parent/guardian is unavailable, school personnel should accompany a minor to the hospital

Additional instructions (choose all that apply)

_____ Yes	_____ No	Student understands proper use and may carry their own EPINEPHRINE
_____ Yes	_____ No	EPINEPHRINE must be kept in the clinic due to student's age/level of understanding
_____ Yes	_____ No	Student should also be given albuterol inhaler during suspected allergic reaction

Additional instructions: _____

Physician Name _____ Signature _____

Phone # _____ Date _____

Parent: I give my consent with my signature below for information to be shared with school staff and the healthcare provider above

Parent/guardian Name _____ Signature _____

Phone # _____ Date _____