

# EMERGENCY ACTION PLAN

## Severe Allergies

ALLERGIC TO: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Bus #: \_\_\_\_\_ Bus Driver: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Asthmatic \_\_\_\_\_ Yes\* \_\_\_\_\_ No \*High risk for severe reaction

Requires an inhaler at school and Asthma Action Plan completed as per NC State Law.

### ◆ SIGNS OF AN ALLERGIC REACTION ◆

#### Systems:

#### Symptoms: (circle appropriate symptoms)

-MOUTH	itching, tingling, and swelling of the lips, tongue, or mouth
-THROAT*	tightness of throat, hoarseness, and hacking cough
-SKIN	hives, itchy rash, and/or swelling about the face or extremities
-GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
-LUNG*	shortness of breath, repetitive coughing, wheezing
-HEART*	weak or thready pulse, low blood pressure, fainting, pale, blueness
-OTHER	_____

**\*\*If your child requires medicine at school, their doctor must complete a "Physician's Authorization for Medication" form.\*\***

The severity of symptoms can quickly change and potentially progress to a life-threatening situation.

### ◆ ACTION FOR MINOR REACTION ◆

If symptom(s) are mild: \_\_\_\_\_  
(medication/dosage/route)

If condition does not improve within 10 minutes or worsens any time, follow steps for Major Reaction below.

### ◆ ACTION FOR MAJOR REACTION ◆

If ingestion is suspected and/or symptoms are major give the following **IMMEDIATELY!**

- Epinephrine (Epi-Pen) 0.15mg Jr       Epinephrine (Epi-Pen) 0.3 mg

**CALL 911 AND THE PARENT/GUARDIAN.**

By signing below, the school nurse has your permission to share this Emergency Action Plan with appropriate school personnel.

PARENT/GUARDIAN  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Allergy Action Plan (con't)

Name of Student: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

All medication for use at school will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

### TRAINED STAFF MEMBERS

1. \_\_\_\_\_ Phone Extension \_\_\_\_\_

2. \_\_\_\_\_ Phone Extension \_\_\_\_\_

**\*\* NOTIFY YOUR 911 AND YOUR SCHOOL NURSE IF EPI-PENS ARE ADMINISTERED**

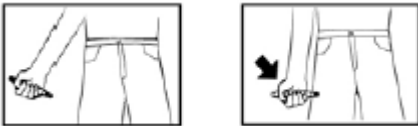
### EPIPEN® AND EPIPEN® JR. DIRECTIONS

**Expiration Date:** \_\_\_\_\_

- 1) Grasp unit, with the black tip pointing downward.
- 2) Form a fist around the auto-injector (black tip down).
- 3) With your other hand, pull off the gray activation cap.



- 4) Swing and jab firmly into outer thigh so that auto-injector is perpendicular (at a 90° angle) to the thigh.



- 5) Hold firmly in thigh for 10 seconds. Remove unit, massage injection area for 10 seconds.
- 6) Student must remain lying down, preferable on side, until Emergency Management arrives.
- 7) Once Epi-Pen is used, call 911. Additional epinephrine may be needed. Take the used Epi-Pen with child to the Emergency Room.

### EMERGENCY CONTACTS: Name/Relation

1. \_\_\_\_\_ a) home \_\_\_\_\_ b) work \_\_\_\_\_ c) cell \_\_\_\_\_

2. \_\_\_\_\_ a) home \_\_\_\_\_ b) work \_\_\_\_\_ c) cell \_\_\_\_\_

3. \_\_\_\_\_ a) home \_\_\_\_\_ b) work \_\_\_\_\_ c) cell \_\_\_\_\_

School Nurse's Signature \_\_\_\_\_

Date \_\_\_\_\_