

Allergy and Anaphylaxis Emergency Plan

Education	
y and Anaphylaxis Emergency Plan	Date of Plan:

For ANY of the following SEVERE SYMPTOMS OR A COMBINATION of symptoms from different body areas Shortness of breath, wheezing, or coughing or dizziness or redness or redness or redness or breathing or over body Many hives or redness or or agitation Many hives or redness or agitation Many hives or redness or agitation SEVERE SYMPTOMS OR A COMBINATION of symptoms from different body areas Swelling of litchy or litchy mouth Mild nausea or discomfort wild itchy skin or discomfort wild itchy skin or discomfort skin or discomfort wild itchy skin or discomfort skin or discomfort wild itchy ship or severe allergy to an insect sting or the following food(s): DEPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): Even if child has MILD symptoms after a		, 2. 8	,,		,				
Student has altergy to Student has asthma	Student's Name:	Date	of Birth:	Age: _	Weight:	pounds (_ kg)		
Student has asthma	Student's School System:		Stuc	lent's School:					
Student has had anaphylaxis □ Yes □ No Student has recieved instruction and has permission to self-carry epinephrine and use independently □ Yes □ No IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine For ANY of the following SEVERE SYMPTOMS OR A COMBINATION of symptoms from different body areas Shortness of breath, skin, weak throat, trouble lips or tongue breathing or coughing or dizziness wallowing breathing or swallowing breathing or consciousness over body Many hives or redness confusion, altered vomiting or over body consciousness or agitation diarrhea □ SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): Even if child has MILD symptoms after a	<u> </u>			¬No					
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sting or eating these foods, give epinephrine.				Epine	phrine, intramuscu	ılar (list type):			
Epinephrine Dose: □ 0.1 mg (7.5 kg to less than 13kg)				Epine	phrine Dose:	 ⊐ 0.1 mg (7.5 kg to	o less than 13kg)		
□ 0.15 mg (13 kg to less than 25 kg)	4								
1. Inject epinephrine right away!									
Note time when epinephrine was given. Antihistamine, by mouth (list type):	Note time when epinephrine was given.			Antihistamine, by mouth (list type):Antihistime Dose: Other (e.g., inhaler/bronchodilator if child has asthma):					
2. Call 911. Other (e.g. inhaler/bronchodilator if child has asthma):									
 Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given. 	·								
3. Stay with Student and:		mile was given.							
• Call parents and student's healthcare provider. • Call parents and student's healthcare provider. • Call parents and student's healthcare provider.		hcare provider.			EMERG	ENCY CONTAC	TS		
• If symptoms get worse or continue after 5 minutes, give a Healthcare Provider:		nue after 5 minutes	, give a	Не	ealthcare Provider:				
Second dose of epinephrine. Phone:	·	ne student vomits c	or has trouble	Pł	ione:				
breathing, keep child lying on his or her side. Parent/Guardian: Phone:									
4. Give other medicine (if applicable) following epinephrine Other Emergency Contact Name/Relationship:	4. Give other medicine (if applicable) following epinephrine		Ot	ther Emergency Co	ntact Name/Relat	ionship:			
• Antihistimine	• Antihistimine								
• Inhaler/bronchodilator if wheezing Phone:	Innaler/bronchodilator if wheezing			Phone:					
Parent/Guardian Authorization Signature Date Physician/HCP Authorization Signature Date	Parent/Guardian Authorization S	 Signature	 Date	Physicia	an/HCP Authorizati	on Signature	Date		