

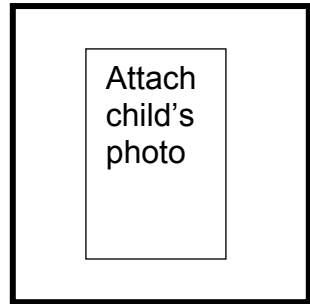
Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Date of birth: ___/___/___ Age ___ Weight: _____kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____

Date _____

Physician/HCP Authorization Signature _____

Date _____

Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () -

Doctor: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Other Emergency Contacts

Name/Relationship: _____ Phone: () -

Name/Relationship: _____ Phone: () -

Swedesboro-Woolwich School District
EMERGENCY ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN

Student's Name _____ School _____
Grade _____ School Year _____ Teacher's Name _____

In order to provide for the administration of the Epi-Pen to the above named student, the parent/guardian must provide the following:

- a. Written authorization for the appropriate personnel to administer the Epi-Pen to their child during the current school year
- b. Written certification orders from the physician of the student that the student has a potentially life threatening illness which requires the prompt administration of epinephrine via a prefilled Epinephrine auto injector.
- c. Written acknowledgement that the Board and its employees or agents shall have no liability as a result of any injury, damage, or loss arising from the administration of the Epi-Pen to the student and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the Epi-Pen to their child
- d. Written acknowledgement that the school nurse shall have the primary responsibility for the administration of the Epi-Pen to their child. However, the school nurse may designate another employee who may administer the Epi-Pen to the affected student when the nurse is not present provided that the employee has been properly trained in the administration of the Epi-Pen by the school nurse using standardized training protocols

I hereby certify that the above named student has asthma or another potentially life threatening illness which requires the prompt administration of epinephrine via the Epi-Pen and the student does not have the capacity for self administration of the medication.

Physician (Print) Physician's Signature Date

I hereby certify that I am the parent/guardian of the above named student and authorize in accordance with (a.) above and acknowledge in accordance with (c.) and (d.) above.

Parent (Print) Parent's Signature Date