



Allergy and Anaphylaxis Emergency Plan

Student Name: _____ Grade: _____ Date of birth: _____/_____/_____

Age _____ Weight: _____ kg. Date of plan: _____/_____/_____

School: _____ School Tel# _____

School Fax# _____ School Nurse: _____

Student has allergy to _____

Student has asthma. Yes No (If yes, higher chance severe reaction)

Student has had anaphylaxis. Yes No

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 a student 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, student has an extremely severe allergy to an insect sting or the following food(s): _____

Even if a student has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine!

What to do

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

Medicines/Doses:

Epinephrine, intramuscular (list type): _____

- Dose: 0.10 mg (7.5 kg to less than 13 kg) *
- 0.15 mg (13 kg to less than 25 kg) (*Use 0.15 mg, if 0.10 mg is not available)
- 0.30 mg (25 kg or more)

Antihistamine, by mouth (type, dose, frequency): _____

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

Physician/HCP Authorization Signature _____ Date/Time _____

School Staff:

- Student demonstrates to the school nurse the ability to properly self-administer and responsibly carry epinephrine while at school
- Student DOES NOT demonstrate to the school nurse the ability to properly self-administer and responsibly carry epinephrine while at school

To Be Completed by Provider:

- Provider agrees student has the knowledge and skills to safely possess and self-administer epinephrine at school
- Provider agrees student DOES NOT has the knowledge and skill to safely possess epinephrine at school

Provider Printed Name and Contact Information:	Provider Signature:
	Date/Time:

To Be Completed by Parent/Guardian:

- Parent/Guardian agrees student has the knowledge and skills to safely possess and self-administer epinephrine at school
- Parent/Guardian agrees student DOES NOT has the knowledge and skill to safely possess epinephrine at school

Parent/Guardian: I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor, school-based health clinic providers, and educators as necessary for allergy/anaphylaxis management and administration of this medication.

Parent/guardian signature:	School Nurse Reviewed:
Date/Time:	Date/Time:

Student's Name: _____ Date of Plan: _____

Additional Instructions:

Contacts:

Call 911 / Rescue: _____ Preferred Hospital: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

The Maine Department of Education, Chapter 40, requires that the healthcare provider, parent and school nurse attest that the student demonstrates the knowledge and skill to safely carry the medication while at school. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.