

Allergy and Anaphylaxis Emergency Plan

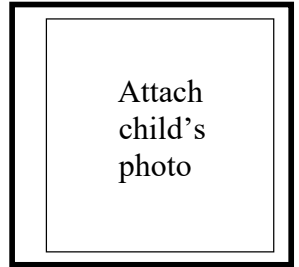


Child's name: _____ Date of plan: _____

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



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 more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

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)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

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

Permission

Child may self-carry medicine(s). Yes No (e.g. in backpack and available for use by a trained adult)

Child may self-administer medicine(s). Yes No (stored securely and under the direct supervision of school personnel)

Child may self-carry and self-administer medicine(s). Yes No (for use at pupils own discretion)

Physician/HCP Name (Print) _____ Phone _____ Physician/HCP Authorization Signature _____ Date _____

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's Name: _____ Date of Plan : _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

To Be Completed by Parent/Guardian

- Attach a copy of the prescription label for asthma inhaler and/or epinephrine injector.
- I give my child permission to:
 - **For Epinephrine Autoinjector**
 - Self-Carry Only (e.g. in backpack and available for use by a trained adult)
 - Self-Administer Only (stored securely and under the direct supervision of school personnel)
 - Self-Carry and Self-Administer (for use at students own discretion)
 - **For Asthma Inhaler**
 - Self-Carry Only (e.g. in backpack and available for use by a trained adult)
 - Self-Administer Only (stored securely and under the direct supervision of school personnel)
 - Self-Carry and Self-Administer (for use at students own discretion)
 - **For Antihistamine**
 - Self-Carry Only (e.g. in backpack and available for use by a trained adult)
 - Self-Administer Only (stored securely and under the direct supervision of school personnel)
 - Self-Carry and Self-Administer (for use at students own discretion)

I authorize the School District and its employees and agents, to allow my child to self-carry and/or self-administer his or her medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except for willful and wanton misconduct, arising out of my child's self-carry and/or self-administration of this medication. I also understand that my signature on this form denotes permission for the school nurse and the health provider to confer regarding the administration/monitoring of this medication. Information may be written and/or verbal and may be exchanged both ways. I have the right to inspect and copy the information being disclosed. This consent is valid for one year. I understand I have the right to revoke this consent at any time.

Parent/Guardian: _____ Date: _____