



SEVERE ALLERGY AND ANAPHYLAXIS EMERGENCY CARE PLAN

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Student's weight: \_\_\_\_\_

Allergy type(s) Food Insect Medication Environmental

Allergic to: \_\_\_\_\_

Check if student has Asthma (higher risk for severe reaction)

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mild Symptoms

If checked, give epinephrine immediately for ANY symptoms If the student was possibly exposed to the allergen.

- MOUTH - Itchy mouth
NOSE - Itchy/runny nose sneezing
SKIN - A few hives, mild itch
STOMACH - Mild nausea/discomfort
1. Give Antihistamines, if ordered by physician.
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.

Severe Symptoms

NOTE: Do not depend on antihistamine or inhalers to treat a severe reaction - use epinephrine.

If checked, give epinephrine immediately if the student was definitely exposed to the allergen, even if there are no symptoms.

- MOUTH - Itchy mouth/swelling of tongue/lips
THROAT - Tight, hoarse, trouble breathing/swallow
SKIN - Many hives over a body, widespread redness
STOMACH - Repetitive vomiting/severe diarrhea
LUNG - Short of breath, wheezing repetitive cough
HEART - Pale, blue, faint, weak pulse, dizzy
OTHER - Feeling of impending doom, anxiety, confusion, or combination of mild or severe symptoms from different body areas
• Inject Epinephrine Immediately!
• Call 911. Request ambulance with epinephrine:
• Consider giving additional medications (following or with the epinephrine): Antihistamine Inhaler (bronchodilator) if asthma
• If breathing is difficult, or they are vomiting, let them sit up or lie on their side.
• Alert Emergency contacts.
• Transport student to ER even If symptoms resolve.
• Lay student flat and raise legs.

Medication Orders: EpiPen/Epinephrine auto injector 0.3 mg IM EpiPen Jr./Epinephrine auto injector 0.15 mg IM
Auvi-Q/Epinephrine auto injector 0.3 mg IM Auvi1Q Jr./Epinephrine auto injector 0.15 mg IM

If checked- repeat dosing If symptoms worsen, or do not improve after \_\_\_\_\_ minutes of Initial dose.

If student is to carry and self administer medication please complete the section below.

\*\*Physician's signature for above orders: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization to carry and self-administer medication - Must be completed by the health care provide

Student may carry and self-administr Epinephrine Auto-Injector Yes No If yes, must complete the following:

- Student instructed on and verbalized understanding of the name. purpose, dose of medication.
Student instructed on disease process of asthma and verbalized understanding of when to take medication.
Student instructed on and verbalized understanding of his/her responsibility in carrying medication(s) and agrees not to share w/ other Students
Demonstrated correct use/administration of medication.

I, \_\_\_\_\_ understand that I am responsible and accountable for using and carrying the above medication as prescribed. I also understand that if there is irresponsible behavior or a safety risk the privilege of carrying the above medication will be rescinded.

Student signature for carry and self administration: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Physician's signature for carry and self administration: \_\_\_\_\_ Date: \_\_\_\_\_

Florida Statute 1006.062 requires written parental consent for a student to take medication during the school day. Please refer to "Guidelines for Administration of Medication" on the following page.

I agree with the above prescribed medication regimen, and authorize the personnel of The School District of Lee County, Florida to administer medication to my child/student. It is understood that this medication will be administered, if needed, on field trips. I also authorize the school nurse to contact the prescribing licensed health care provider or his/her designee to exchange information concerning the purpose dosage, and the effects of this medication.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_