

Tigerton School District

Allergy/Anaphylaxis Action Plan

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Weight: _____

Dates plan effective: _____ to _____ (plan needed each school year)

ALLERGY to: _____

Previous anaphylaxis: YES* NO **Asthma:** YES* NO (*increased risk of severe reaction)

YES NO Give epinephrine **immediately for any symptoms** following exposure to: _____

YES NO Give epinephrine **immediately, even if no symptoms present**, following exposure to: _____

Common Symptoms and Prescribed Treatment for Allergic Reactions:

SEVERE SYMPTOMS (one or more):

- LUNG: short of breath, wheeze, repetitive cough
- HEART: pale, blue, faint, weak pulse, dizzy, faint
- THROAT: tight, hoarse, trouble breathing, difficulty swallowing, drooling
- MOUTH: significant swelling of tongue or lips
- SKIN: many hives over body, widespread redness
- GUT: repetitive vomiting, severe diarrhea
- OTHER: anxiety, confusion, fear

1. **INJECT EPINEPHRINE IMMEDIATELY**

Brand _____ Dose _____

(see back side of page for detailed instructions)

2. **CALL 911**
3. Give additional medications if prescribed (see box below: antihistamine, other)
4. Stay with student and monitor closely.
5. Alert emergency contacts. (see back side of page)
6. If symptoms do not improve, or symptoms return, a 2nd dose of epinephrine may be given about 5 or more minutes after the previous dose.
7. Transport to hospital for further care.

MILD SYMPTOMS ONLY (one or more):

- MOUTH: itchy mouth
- NOSE: itchy/runny nose, sneezing
- SKIN: a few hives, mild itch
- GUT: mild nausea or abdominal pain

1. Give **ANTIHISTAMINE:**

Name _____ Dose _____

2. Give **other medications** (e.g., bronchodilator)
Name _____ Dose _____
3. Stay with student and monitor closely. If symptoms worsen give **epinephrine**. (see above)
4. Alert emergency contacts. (see back side of page)

YES NO This student is capable of carrying and self-administering injectable epinephrine.

My signature below indicates that I have ordered the medications listed above.

Medical Provider Signature: _____ **Date:** _____ **Clinic:** _____

Emergency Medication for this student:

Will be kept in the office

Carried by student and kept: _____

Other: _____

Additional information or instruction:

MEDICATION AND EMERGENCY PLAN CONSENT: I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's supervision. I also hereby agree to give my permission for school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I assume full responsibility for providing the school with the medication described in this plan. I further agree to hold the Tigerton School District, and the TSD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: _____ Phone: _____

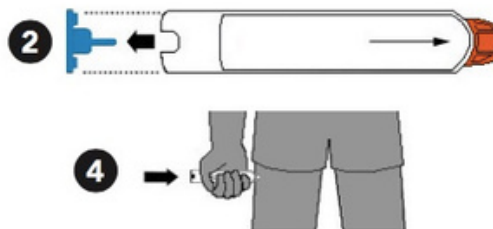
Parent/Guardian Name: _____ Phone: _____

Other Emergency Contact Name / Relationship / Phone: _____

School Nurse Signature: _____ Date: _____

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.

