

General McLane School District Allergy Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ___/___/___

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known exposure:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medication Order:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Check if applicable:

I have trained the student in self administration and it is necessary that this medication be carried on the student: during the school day on field trips and during school sponsored activities.

Physician's Signature

Physician's Name Printed

Date

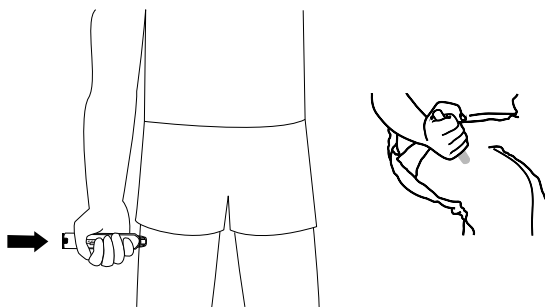
TURN FORM OVER

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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MONITORING

Tell 911 operator epinephrine was given. Request an ambulance with epinephrine and a paramedic.

Stay with student; alert school nurse, parent

Note time when epinephrine was administered.

A second dose of epinephrine can be give 5 minutes or more after the first if symptoms persist or recur.

For a severe reaction, consider keeping student lying on back with legs raised.

Treat student even if parents cannot be reached.

Preferred Hospital _____



There is a designated nut free area available in the cafeteria.

I would like my child to sit in this nut free area during lunch.

I prefer my child sit at the table of his/her choice knowing this area is not a designated nut free area.

Emergency Contacts:

Parent/Guardian: _____ Phone: (____) ____ - _____

Name/Relationship: _____ Phone: (____) ____ - _____

Name/Relationship: _____ Phone: (____) ____ - _____

Parent must check box if requesting that student self-carry fast-acting asthma inhaler or epinephrine.

I am responsible for ensuring my child has a supply of the above prescribed medication on their person. I understand the General McLane School District (GMSD), its Board, employees, and agents are not responsible for ensuring this medication is taken, and cannot be held liable if my child fails to self-medicate as prescribed by the physician.

With the intent to be legally bound, I hereby release, discharge, hold harmless, and indemnify the GMSD, its employees and agents from any liability whatsoever for any personal injury, damages, or expenses to student or to guardian caused by the administration of this medication.

Parent/Guardian Signature

Date