

This form is to be completed by your child's physician
ONLY if they have a life-threatening allergy.

Emergency Allergy Plan

To be completed by Physician

Allergy to: _____

Student Name: _____ Grade: _____ D.O.B. _____

Asthmatic Yes * _____ No _____ *Higher risk for severe reaction

Signs of an allergic reaction include:

Systems:

MOUTH

THROAT

SKIN

GUT

LUNG

HEART

Symptoms:

itching and swelling of the lips, tongue or mouth

itching and/or a sense of tightness in the throat, hoarseness, cough

hives, itchy rash, and/or swelling about the face or extremities

nausea, abdominal cramps, vomiting and/or diarrhea

shortness of breath, repetitive coughing and /or wheezing

weak pulse, fainting, pale

Specific symptoms unique to this child:

Action:

The severity of the symptoms can change rapidly. All above symptoms can potentially progress to a life-threatening situation.

1. If ingestion, sting, or contact is suspected, give the following medications immediately: _____

2. Call 911 if epinephrine is given.

3. Call Parents Home _____

Mother Work _____

Father Work _____

Mother Cell _____

Father Cell _____

Doctor _____

Parent signature

date

Physician signature

date

TREDYFFRIN EASTTOWN SCHOOL DISTRICT - Food Allergy and Anaphylaxis Emergency Plan

Student Name: _____

Allergic to: _____ D.O.B.: _____ Weight: _____

Student
Picture

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING

SEVERE SYMPTOMS

[] if checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



Lung

Short of breath,
wheezing,
repetitive cough



Heart

Pale, blue, faint,
weak pulse, dizzy



Throat

Tight, hoarse,
trouble breathing/
swallowing



Mouth

Significant
swelling of the
tongue and/or lips



Skin

Many hives over
body, widespread
redness



Gut

Repetitive
vomiting or
severe diarrhea



Other

Feeling something
bad is about to
happen,
anxiety, confusion

Or a
Combination
of mild
or severe
symptoms from
different body
areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine

1. Inject Epinephrine immediately
2. Call 911.

Request ambulance with Epinephrine.

- Consider giving additional medications (following or with the epinephrine): Antihistamine; Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to Emergency Room (ER) even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: When in doubt, give Epinephrine

MILD SYMPTOMS

[] if checked, give epinephrine immediately for Any symptoms if the allergen was likely eaten.



Nose

Itchy/runny nose, sneezing



Mouth

Itchy mouth



Skin

A few hives, mild itch



Gut

Mild nausea/discomfort

1. Give Antihistamines if ordered by the physician
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, give Epinephrine.

Medication / Doses

Student has order to self-carry ___yes ___no

Physician signature _____

Student has order to self-administer ___yes ___no

Physician signature _____

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg Im [] 0.3 mg Im

Antihistamine: Brand and Dose: _____

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

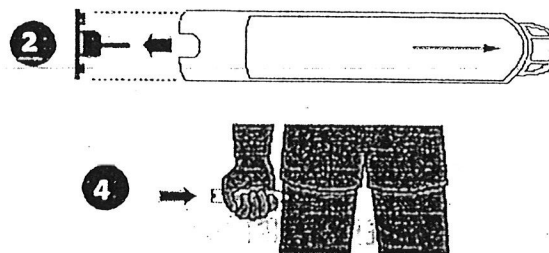
Parent signature _____ Date _____ Physician signature _____ Date _____

TREDYFFRIN EASTTOWN SCHOOL DISTRICT - Food Allergy and Anaphylaxis Emergency Plan

Student Name: _____

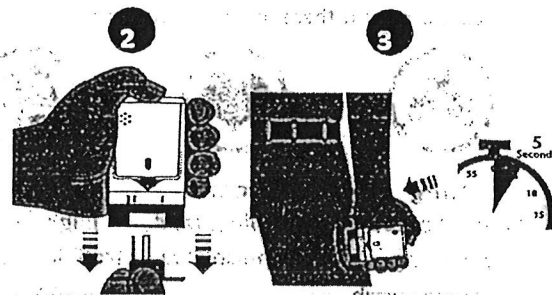
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR Directions

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



Auvi-Q™ (EPINEPHRINE INJECTION, USP) Directions

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALICK®/ADRENALICK® GENERIC 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 penetrates.
5. Hold for 10 seconds. Remove from thigh.



Other directions/ information (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____