

JEFFERSON TOWNSHIP PUBLIC SCHOOLS

Allergy Emergency Action Plan

Student's Name _____ D.O.B. _____ Weight: _____ Teacher _____

ALLERGY TO: _____

Asthmatic Yes No *Higher risk for severe reaction

STEP 1: TREATMENT BY SCHOOL NURSE

| Symptoms: | Give Checked Medication : ** (To be determined by physician authorizing treatment) | |
|---|---|--|
| ▪ If a food allergen has been ingested, or if stung, but <i>no symptoms</i> : | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Mouth: Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Skin: Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Gut: Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Throat: †Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Lung: † Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Heart: † Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Other: † _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ If reaction is progressing (several of the above areas affected), give | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: Inject intramuscularly (circle one) _____ 0.3 mg epinephrine auto injector (66 lbs or greater)

_____ 0.15 mg epinephrine auto injector

Administer nasally (circle one) _____ 2 mg epinephrine nasal spray one nostril (66 lbs or greater)

_____ 1 mg epinephrine nasal spray one nostril

*****Epinephrine may be repeated in 5-7 minutes if symptoms do not improve - Use same nostril if using nasal spray*****

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship

Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT

P.L. 2007, c 57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one):

P.L. 207, c 57 directs that a student may be permitted to self-administer medications for potentially life-threatening illnesses, provided proper procedures are followed.

_____ Student **IS NOT** capable of self-administration.

_____ Student **IS** capable of self-administration, has been instructed in its use, and may carry an epinephrine with him/her.

Parent/Guardian Signature _____ Date _____ Physician Signature _____ Date _____

Physician Stamp: