

Emergency Action Plan- Anaphylaxis – Prescriber Signature Required

Name _____ Grade/Teacher _____ Team _____ ID# _____

Allergic to: _____

Medication: _____ Dosage: _____

Contacts:

Name	Relationship	Home Phone	Cell/Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If any of the following symptoms occur administer Auto-Injectable Epinephrine and call 911 IMMEDIATELY:
(Prescriber to put a line through items not appropriate for care of this student and add instructions as indicated)**

Difficulty Breathing Difficulty Swallowing Fainting and/or collapse Convulsions Other _____

Anaphylactic symptoms-may include any of the following:

- | | | |
|---------------------------------|------------------|--------------------------------|
| Hives | Wheezing | Change of color |
| Itching (any part of the body) | Coughing | Shock (pale, clammy skin) |
| Swelling (any part of the body) | Dizziness | Red, watery eyes |
| Vomiting | Throat tightness | Change of voice |
| Abdominal cramps/diarrhea | Sense of doom | Fainting/loss of consciousness |

Essential Steps

1. Determine if anaphylaxis is present
When in doubt, administer epinephrine
2. Administer auto-injectable epinephrine
3. Insure that 911 is called.
3. Stay with the victim
4. Calm and reassure the victim.
5. Observe for signs of shock. Monitor airway and breathing. Provide CPR if necessary.
6. Document incident date, time epinephrine was administered and the victim’s response.

Key Points and Precautions

1. Reaction usually occurs right after a sting, or eating something one’s allergic to
2. Avoid moving the victim: calming reduces the distribution of the allergen in the body.
3. Call 911, the school nurse and the parent. Notify building administrator
4. Auto-injectable epinephrine can be injected through clothing. Victim may feel heart pounding. This is normal
5. Maintain body temperature and help prevent shock. Cover victim with blanket if required to maintain body temperature.
6. A second delayed reaction may occur.

Additional Instructions: _____

_____ I have instructed the above named student in the proper administration of his/her medication. It is my professional opinion that he/she should be allowed to self-administer the medication listed on this form.

_____ It is my professional opinion that the above named student should not self-administer his/her medication.

Prescriber Signature _____ **Date** _____