

Individual Emergency Health Plan for Anaphylaxis
(Anaphylaxis is a potentially life-threatening allergic reaction. Act quickly.)

Appendix E

PICTURE
OF
STUDENT

Name: _____ Allergic to: (1) _____
 O/O/B-: _____
 Teacher/Class: _____

D Asthmatic (*Check box if YES*) Student has an increased risk of a severe allergic reaction. Epinephrine should be given first (before asthma medications) in case of a reaction with any breathing symptoms.

«STEP 1 TREATMENT»

SIGNS OF AN ALLERGIC REACTION		MEDICATION (indicate medication name/dose/route, to be determined by physician authorizing treatment)	
Category	Symptom(s)	Epinephrine	Antihistamine
-	No symptoms and <i>suspected</i> ingestion of allergen.	Second Dose* 1	
-	No symptoms and <i>known</i> ingestion of allergen.	Second Dose"	
<i>Mouth</i>	Itching, tingling, or swelling of lips, tongue, or mouth	Second Dose*	
<i>Nose/Eyes</i>	Hayfever-like symptoms: runny, itchy nose; red eyes	Second Dose*	
<i>Skin (1)</i>	Localized hives and/or localized itchy rash	Second Dose*	
<i>Skin (2)</i>	Hives and/or itchy rash on more than one part of the body, swelling of face or extremities	Second Dose"	
<i>Gut</i>	Nausea, abdominal cramps, vomiting, diarrhea	Second Dose*	
<i>Throat</i>	Hacking cough, tightening of throat, hoarseness, difficulty swallowing	Second Dose*	
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough	Second Dose" 1	
<i>Heart</i>	Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness)	Second Dose*	
<i>Multiple</i>	Symptoms from two or more of the above categories.	Second Dose* 1	

* *If symptoms are not improving within 10 minutes of administering epinephrine, give a second*

DOSAGE

Epinephrine: inject intramuscularly (circle one): EpiPen® EpiPen® Jr. Twinject® 0.3mg Twinject® 0.15mg
(see last page for instructions)

Antihistamine (medication/dose/route): _____

Other (medication/dose/route): _____

«After administering treatment, turn page over for EMERGENCY CONTACTS»

« 2. EMERGENCY CONTACTS »

	NAME	RELATIONSHIP	PHONE NUMBER	INSTRUCTIONS
1	911 or Rescue Squad		911 or	- This is the <u>first</u> call that should be made after administering epinephrine. - Indicate on the phone that student is suffering from an allergic reaction and may require additional eninephrine.
2	Physician: Dr. _____	Student's allergist or pediatrician		
3	Parent/Guardian:	(Specify Relationship):		
4	Parent/Guardian:	(Specify Relationship):		
5	Emergency Contact (name):	(Specify Relationship):		
6				

The aforementioned student is my patient and I have authorized the treatment protocol outlined on the preceding page and affirm that there are no contraindications to receiving the treatment protocol.

Physician signature and date:

I authorize the administration of epinephrine, antihistamine or other specified medication to the aforementioned student as per the treatment protocol outlined on the preceding page.

Parent/Guardian signature and date: