

ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services/ St. Mary's County Health Department

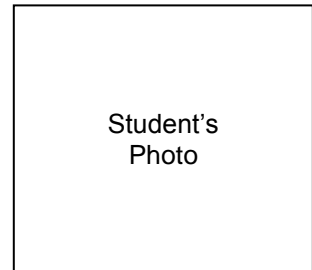
ALLERGY EMERGENCY ACTION PLAN

This EAP is valid for school year _____ including the summer session Teacher: _____ Grade: _____

Name of Student: _____ DOB: _____ Weight: _____ lbs.

Allergy to: _____

Asthma: Yes (higher risk for anaphylaxis) No



IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

- 1) Any SEVERE SYMPTOMS after suspected or known ingestion:
One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough, noisy, or difficulty breathing
HEART: Pale, blue, faint, weak pulse, dizzy, loss of consciousness
THROAT: Tight, hoarse, trouble breathing or swallowing, swelling of throat
MOUTH: Obstructive swelling (tongue and/or lips)
 Or combination of symptoms:
SKIN: Hives, generalized itching, tingling, and/or swelling (e.g., eyes, lips), generalized flushing
GI: Nausea, vomiting, diarrhea, cramping
MENTAL: Uneasiness, agitation, panic, feeling of impending doom
 2) **KNOWN INGESTION and PREVIOUS HISTORY OF ANAPHYLAXIS** to the allergen (no symptoms need to be present)



1. INJECT EPINEPHRINE IMMEDIATELY
 2. Call 911
 3. Stay with student, begin monitoring
 4. Give a second dose of epinephrine (if available) if symptoms get worse, continue, or do not improve within five minutes.
 5. Give additional medications if prescribed:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma symptoms present
- * Antihistamines and inhalers or bronchodilators are not to be depended upon to treat or prevent a severe reaction (anaphylaxis)

Emergency Action Steps – DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one): Adrenalick (0.15 mg) Adrenalick (0.3 mg)
 Auvi-Q (0.15 mg) Auvi-Q (0.3mg)
 EpiPen Jr. (0.15 mg) EpiPen (0.3 mg)

Specify other(s): _____

2. Other Medication(s) Name: _____ Dose: _____ Route: _____

Emergency Response Information

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

Parent/Legal Guardian #1: _____ Parent/Legal Guardian #2: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Physician's Signature: _____ Physician's Phone #: _____

Parent(s)/Legal Guardian(s)' Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

ALLERGY EMERGENCY ACTION PLAN (CONTINUED)

Trained Staff Members

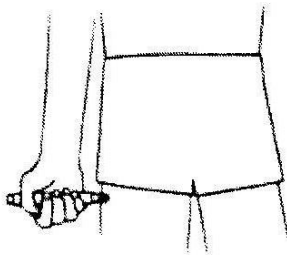
- | | |
|----------------------|-------------------------------|
| 1. (type name) _____ | Room (type room number) _____ |
| 2. (type name) _____ | Room (type room number) _____ |
| 3. (type name) _____ | Room (type room number) _____ |
| 4. (type name) _____ | Room (type room number) _____ |
| 5. (type name) _____ | Room (type room number) _____ |
| 6. (type name) _____ | Room (type room number) _____ |

EpiPen® and EpiPen® Jr. Directions

- 1. Pull off gray/blue activation cap.**



- 2. Hold black/orange tip near outer thigh (always apply to thigh).**



- 3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and disposed of in a Sharps container or send the used EpiPen® unit with EMS. Massage the injection area for 10 seconds.**

Once EpiPen® is used, call 911.

For children with multiple food allergies, consider providing separate Emergency Plans for different foods.