

MORRIS SCHOOL DISTRICT

Allergy Emergency Action Plan

Name _____ D.O.B. _____ Gr/hmrm _____ Student's picture _____

Allergy to _____

Weight _____ lbs. Asthma Yes (higher risk for a severe reaction) No

****PLEASE NOTE: NON-MEDICAL TRAINED DESIGNEE MAY GIVE ONLY EPINEPHRINE, NOT ANTIHISTAMINES****

Extremely reactive to the following _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if there is likely allergen ingestion/exposure.
- If checked, give epinephrine immediately if there is *definite ingestion/exposure*, even with no symptoms.

Otherwise:

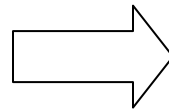
FOR ANY SEVERE SYMPTOMS AFTER SUSPECTED OR KNOWN INGESTION/EXPOSURE:

One or more of the following:

LUNG Short of breath, wheeze, repetitive cough
HEART Pale, blue, faint, weak pulse, dizzy, confused
THROAT Tight, hoarse, trouble breathing/swallowing
MOUTH Obstructive swelling (tongue and/or lips)
SKIN Many hives over body

Or combination of symptoms from different body areas:

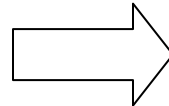
SKIN Hives, itchy rashes, swelling (e.g. eyes, lips)
GUT Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications (nurse only)
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

FOR MILD SYMPTOMS ONLY:

MOUTH Itchy mouth
SKIN A few hives around mouth/face, mild itch
GUT Mild nausea/discomfort



1. GIVE ANTIHISTAMINE (nurse only)
2. Stay with the student; alert parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses Student is authorized to self-administer Student is not authorized to self-administer

Epinephrine (brand and dose) _____

Antihistamine (brand and dose) _____

Other _____

Monitoring – Stay with the student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time epinephrine was given. A 2nd dose can be given 5 minutes or more after the 1st if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/guardian signature _____

Date _____

Healthcare provider signature _____

Date _____