



ALLERGIC REACTION/ ANAPHYLAXIS CARE PLAN

PLACE
PICTURE
HERE

PART I – TO BE COMPLETED BY PARENT

Student _____ Date of Birth _____ School Year _____ Grade _____
Allergy _____ Route of Exposure ☐ Contact ☐ Ingestion
Weight _____ lbs. ☐ Inhalation ☐ Sting
Asthmatic ☐ Yes* ☐ No *Higher risk for severe reaction Parent / Guardian Signature _____

PART II – TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten/contacted, for **ANY** symptoms.
☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten/contacted, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A
COMBINATION
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE**
SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM**
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

It is my professional opinion that this student **SHOULD / SHOULD NOT** carry his/her epinephrine auto-injector.

Licensed Health Care Provider (Print)

Licensed Health Care Provider (Signature)

Telephone #

Date



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PART III – PARENT / GUARDIAN SIGNATURE REQUIRED

Student _____ Date of Birth _____ Teacher/Grade _____

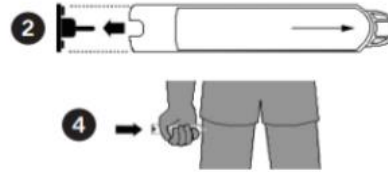
Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking.

MONITORING

Stay with student, Call 911 and parent. Tell 911 epinephrine was given, request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given within 15 minutes, after the first, if symptoms persist or recur. Place student in rescue position. Treat student even if parents cannot be reached.

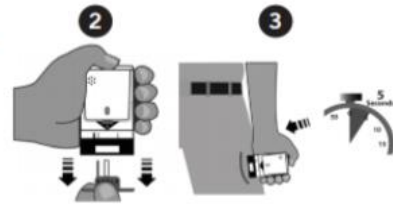
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALIN®/ADRENALIN® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this action plan and treatment authorization. A kit must accompany the student if he/she is off school grounds (i.e., field trip). Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS

Name/Relationship: _____ Telephone: _____
Name/Relationship: _____ Telephone: _____
Name/Relationship: _____ Telephone: _____

I hereby authorize ICS personnel to administer Epinephrine Injection(s) as directed by the physician. I agree to release, indemnify, and hold harmless ICS and any ICS officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for administering the injection, provided they follow the physician's order. I am aware that the injection may be administered by a specifically trained nonhealth professional. I have read the procedures outlined in this form and assume responsibility as required. ICS has my permission to contact my child's physician regarding my child's condition. I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Parent / Guardian Signature _____

Telephone # _____

Date _____



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PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Epinephrine and/or antihistamine may be given in school, during school-sponsored activities, **only** with both physician and parent- or guardian-signed authorization.
2. This form must be on file in the school clinic or in another approved location. The parent or guardian is responsible for obtaining the physician's statement on the care plan.
3. A new care plan must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use medical office stationery or a prescription pad in lieu of completing the care plan. Necessary information includes:
 - Name of student
 - Specific allergen(s) for which epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Dosage of premeasured epinephrine
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by ICS staff trained in the use and administration of pre-measured (auto-injector) emergency epinephrine.
6. Medication must be kept in the school clinic during the school day. All medication will be stored in a locked cabinet, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (e.g., inhaler, epinephrine auto-injector).
7. Medication must be properly labeled by a pharmacist. The parent or guardian must supply the school with two epinephrine auto-injectors. Expiration date must be clearly indicated on the pharmacy label or auto-injector. The parent must provide a replacement Epinephrine auto-injector when notified that the current auto-injector has expired or has been administered. Students approved to self-carry an EpiPen, must also provide an EpiPen to be stored in the school clinic.
8. If a physician orders Benadryl for your child's specific allergy, even though it is an OTC (Over-the-Counter) medication, the parent or guardian will need to obtain a prescription for the Benadryl and supply the school with a bottle/box of Benadryl with a pharmacy label affixed to it. The parent must provide a replacement prescription Benadryl when notified that the current bottle/box has expired.
9. A parent or guardian must provide an extra epinephrine auto-injector for the coach to carry during the sport season, if playing on an ICS sports team.
10. The parent or guardian must transport medication to and from school.
11. A parent or guardian must collect any unused epinephrine or antihistamine within one week after the expiration of the medication or the expiration of the effective date on the order form. Medication not claimed by the end of the day on the last day of the school year will be destroyed.