

**La Mesa-Spring Valley Schools \* Allergy and Anaphylaxis Emergency Plan**

<b>Student's Name:</b>	<b>Date of Birth:</b>	<b>Weight:</b> <b>lbs / kg</b>
<b>Date of Plan:</b>	<b>Age:</b>	

**Allergies:**

Child has asthma:  Yes  No (if yes, higher chance of a severe reaction)

Child has had anaphylaxis:  Yes  No (if yes, higher chance of a severe reaction)

Child may carry medicine:  Yes  No

Child may give him/herself medicine:  Yes  No (if child refuses, an adult must give medicine)

Attach  
child's  
photo  
here

**The "Always-Epinephrine" Option:** If checked, **give epinephrine** immediately, if the child has ANY symptom (mild or severe) after a sting or eating a food listed above. (Option advised for those schools where a nurse is not always present.)

**\*\*IF IN DOUBT, GIVE EPINEPHRINE! ANAPHYLAXIS is a potentially life-threatening, severe allergic reaction\*\***

<p><b>For SEVERE Allergy or Anaphylaxis What to look for:</b> If child has ANY of these symptoms after eating a food or having a sting, <b>give epinephrine</b></p> <ul style="list-style-type: none"> <li>➤ <b>Breathing:</b> trouble breathing, wheeze, cough</li> <li>➤ <b>Throat:</b> tight or hoarse throat, trouble swallowing or speaking</li> <li>➤ <b>Brain:</b> confusion, agitation, dizziness, fainting, unresponsiveness</li> <li>➤ <b>Gut:</b> severe stomach pain, vomiting, diarrhea</li> <li>➤ <b>Mouth:</b> swelling of lips or tongue that affects breathing</li> <li>➤ <b>Skin:</b> face color is pale or blue, many hives or redness over body</li> </ul>	➔	<p><b>Give EPINEPHRINE! What to do:</b></p> <ol style="list-style-type: none"> <li>1. <b>Inject epinephrine right away! Note the time.</b></li> <li>2. Call 911             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine</li> <li>• Tell rescue squad when epinephrine was given</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents</li> <li>• <b>Give a second dose of epinephrine</b> if symptoms worsen or do not get better in 5 minutes</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side</li> </ul> </li> <li>4. Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine</li> </ol>
<p><b>For MILD Allergic Reaction- What to look for:</b> If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, give antihistamine and monitor the child. Mild symptoms may include:</p> <ul style="list-style-type: none"> <li>➤ <b>Skin:</b> a few hives, mild rash, mild swelling or</li> <li>➤ <b>Mouth/nose/eyes:</b> itching, rubbing, sneezing,</li> <li>➤ <b>Gut:</b> mild stomach pain, nausea or discomfort</li> <li>➤ <b>Note:</b> if the child has more than one mild symptom area affected, <b>give epinephrine</b></li> </ul>	➔	<p><b>Give Antihistamine-Monitor the Child What to do:</b></p> <ol style="list-style-type: none"> <li>1. Give antihistamine if prescribed</li> <li>2. <b>If in doubt, give epinephrine</b></li> <li>3. Call parents</li> <li>4. Watch child closely for 4 hours</li> <li>5. <b>If symptoms worsen, give epinephrine</b> (See "For SEVERE Allergy and Anaphylaxis")</li> </ol>

**Medicine/Doses**

Epinephrine (intramuscular in thigh):  0.15 mg     0.30 mg

Antihistamine (by mouth):  Diphenhydramine      mg (      ml)     Other      :      mg (      ml)

Other medications:  Albuterol 2-4 puffs     Other \_\_\_\_\_

<b>PROVIDER (Electronic) Signature</b>	<b>Date</b>	<b>Name (printed)</b>	<b>Phone</b>	<b>FAX</b>
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<b>PARENT/GUARDIAN Signature</b>	<b>Date</b>	<b>Name (printed)</b>	<b>Phone</b>
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**Signature authorizes school to follow plan and contact the Health Care Provider**

Reviewed by school nurse \_\_\_\_\_  
Form Subject to Change – Revised 6/13/18

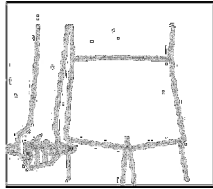
Date \_\_\_\_\_  
Staff website E-forms at <https://www.lmsvschools.org/site/Default.aspx?PageID=6069>  
Allergy and Anaphylaxis Emergency Plan.doc

### EpiPen® and EpiPen® Jr.

- First, remove the EpiPen® Auto-Injector from the plastic carrying case.
- Pull off the BLUE safety release cap.



- Hold ORANGE tip near outer thigh (always apply to thigh).



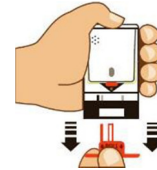
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 3 seconds. Remove the EpiPen® Auto-Injector and massage the area for 10 more seconds.



### Auvi-Q™ 0.15 mg & Auvi-Q™ 0.3 mg



- Remove outer case and follow voice instructions.
- Remove red safety guard
- Place BLACK end against outer thigh, then press firmly and hold in place for 5 seconds. (Will work even through clothing)
- After Auvi-Q is used, place the outer case back on.



### Adrenaclick™ 0.3 mg & Adrenaclick™ 0.15 mg



- Remove GRAY caps labeled “1” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



Monitoring: Stay with the student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first, 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 above for auto injection technique.

**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 Allergy and Anaphylaxis Emergency Plan**

#### Contacts

Doctor’s name (print)	Doctor’s Office Phone
Doctor’s Office Address	Doctor’s Office Fax
Doctor’s Office City, State, Zip Code	

#### Emergency Contacts

Parent/Guardian name (print):	Phone:
Parent/Guardian name (print) :	Phone:

#### Other Emergency Contacts (if Parent/Guardian can’t be reached)

Name/Relationship:	Phone:
Name/Relationship:	Phone:

Reviewed by school nurse \_\_\_\_\_

Date \_\_\_\_\_

Form Subject to Change – Revised 6/13/18

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