

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

Student's Name:	Date of Birth:	Weight:	lbs / kg
Date of Plan:	Age:		
Allergies:			
Child has asthma: Yes No (if yes, higher chance of a severe reaction)		Attach child's photo here	
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)			

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****

For SEVERE Allergy or Anaphylaxis What to look for: If child has ANY of these symptoms after eating a food or having a sting, **give epinephrine**

- **Breathing:** trouble breathing, wheeze, cough
- **Throat:** tight or hoarse throat, trouble swallowing or speaking
- **Brain:** confusion, agitation, dizziness, fainting, unresponsiveness
- **Gut:** severe stomach pain, vomiting, diarrhea
- **Mouth:** swelling of lips or tongue that affects breathing
- **Skin:** face color is pale or blue, many hives or redness over body

Give EPINEPHRINE! What to do:

- **Inject epinephrine right away! Note the time.**
- Call 911
 - Ask for ambulance with epinephrine
 - Tell rescue squad when epinephrine was given
- Stay with child and:
 - Call parents
 - **Give a second dose of epinephrine** if symptoms worsen or do not get better in 5 minutes
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side
- Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine

For MILD Allergic Reaction-What to look for: 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:

- **Skin:** a few hives, mild rash, mild swelling or
- **Mouth/nose/eyes:** itching, rubbing, sneezing,
- **Gut:** mild stomach pain, nausea or discomfort
- **Note:** if the child has more than one mild symptom area affected, **give epinephrine**

Give Antihistamine-Monitor the Child What to do:

- Give antihistamine if prescribed
- **If in doubt, give epinephrine**
- Call parents
- Watch child closely for 4 hours
- **If symptoms worsen, give epinephrine** (See "For SEVERE Allergy and Anaphylaxis")

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		

PROVIDER (Electronic) Signature	Date	Name (printed)	Phone	FAX

PARENT/GUARDIAN Signature	Date	Name (printed)	Phone	
<i>Signature authorizes school to follow plan and contact the Health Care Provider</i>				
Reviewed by school nurse _____ Date _____				
Form Subject to Change – Revised 6/13/18			Staff website E-forms at https://www.lmsvschools.org/site/Default.aspx?PageID=6069 Allergy and Anaphylaxis Emergency Plan.doc	

EpiPen® and EpiPen® Jr.	Auvi-Q™ 0.15 mg & Auvi-Q™ 0.3 mg
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<p>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.</p>
<ul style="list-style-type: none"> • 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. 	

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