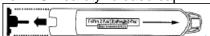
La Mesa-Spring Valley Schools * Allergy and Anaphylaxis Emergency Plan

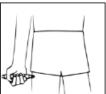
,				
Student's Name:	Date of Birth:	Weight: lbs / kg		
Date of Plan:	Age:			
Allergies:				
Child has asthma: Yes No (if yes, higher chance of a severe reaction) Child has had anaphylaxis: Yes No (if yes, higher chance of a severe reaction) Child may carry medicine: Yes No Child may give him/herself 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	 2. Call 911 Ask for ambulance Tell rescue squad v 3. Stay with child and: Call parents Give a second downsen or do not gowersen or do not govern or do not	ight away! Note the time.		
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 symptomarea affected, give epinephrine	SEVERE Allergy and	prescribed nephrine or 4 hours n, give epinephrine (See "For		
Medicine/Doses Epinephrine (intramuscular in thigh): □ 0.1 mg □ 0.15 mg □ 0.30 mg Antihistamine (by mouth): □ Diphenhydramine mg (ml) □ Other : mg (ml) Other medications: □ Albuterol 4 puffs □ Other				
PROVIDER (Electronic) Signature Date	Name (printed) Phon	e FAX		
PARENT/GUARDIAN Signature Date Name (printed) Phone I authorize the school to follow Plan and contact the Health Care Provider, and release the school district and personnel from clivil liability.				
Reviewed by school nurse	Da	ate		

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.



Adrenaclick[™] 0.3 mg & Adrenaclick[™] 0.15 mg

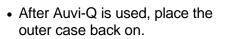


- Remove GRAY caps labeled "1" and "2."
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

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)







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

Google Drive/'Shared with me"/Student Related.../Allergy and Anaphylaxis Emergency Plan.doc