

# Bishop Stang High School Allergy and Anaphylaxis Emergency Action Plan

Child's name: \_\_\_\_\_

Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Weight: \_\_\_\_\_

Child has allergy to: \_\_\_\_\_

Child has asthma.

☐ Yes ☐ No (If yes, higher chance severe reaction)

Child has had anaphylaxis.

☐ Yes ☐ No

Child may carry medicine.

☐ Yes ☐ No

Child may give him/herself medicine.

☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

**IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

## For Severe Allergy and Anaphylaxis →

### What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

## Give epinephrine!

### What to do

1. Inject epinephrine right away! (Note time)
2. Call 911:
  - Ask for an ambulance with epinephrine.
  - Tell rescue squad when epi was given.
3. Stay with child:
  - Call parents
  - Keep child lying on back. If the child vomits or has trouble breathing, put child lying on his or her side.

**\*\*\*Antihistamines cannot be administered if a nurse is not present at the time of medical event such as a field trip or other outside of school activity. Refer to additional information section\*\*\***

4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.

- Antihistamine
- Inhaler/bronchodilator

## For Mild Allergic Reaction →

### What to look for

If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

## Monitor child: What to do

Stay with child:

- Watch child closely.
- Give antihistamine (if prescribed) **per school protocol**.
- Call parents
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

**Medicines/Doses**

**Epinephrine Dose:** ☐ 0.15 mg ☐ 0.3 mg

Antihistamine, by mouth (type and dose): \_\_\_\_\_

**\*\*\*Antihistamines cannot be administered if a nurse is not present at the time of medical event such as a field trip or other outside of school activity Refer to other directions/ info section\*\*\***

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/HCP Authorization Signature

\_\_\_\_\_  
Date

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## Additional Information:

**\*\*\*Physician and parent/guardian signature on this plan acknowledges the following\*\*\***

- ★ Orders must be written for when a nurse is immediately available and when a nurse is not immediately available.
- ★ Non-medical staff trained in epinephrine administration can administer epinephrine to those diagnosed with a life-threatening allergy and prescribed an epinephrine auto-injector.
- ★ Non-medical staff cannot administer medications such as antihistamines or inhalers.
  - 911 will be called to respond to every emergency. Further assessment and additional administration of medications will be determined at that time by EMS.

## Contacts

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

School Nurse Contact: \_\_\_\_\_ Phone: \_\_\_\_\_