

2008-2009

EMERGENCY PLAN FOR ALLERGIC REACTIONS

When School Nurse is Absent, and Student is unable to self-administer EPI-PEN

STUDENT: _____

DOB: _____

ALLERGEN:

1. If stung by insect: _____
2. After ingesting: _____
3. After exposure to: _____

ACTION TO BE TAKEN BY CAREGIVER (Select with "X", as pertinent to student's procedure.)

1. Monitor student for signs of Anaphylaxis for 30 minutes under direct observation.

Symptoms may include:

- | | |
|--|--|
| a. Sneezing, wheezing, or coughing | i. Dizziness and/or fainting |
| b. Shortness of breath or tightness of chest;
difficulty in or absence of breathing | j. Involuntary bowel/bladder
emptying |
| c. Itching, with or w/o hives, raised red rash
in any area of body | k. Sense of impending disaster
or approaching death |
| d. Difficulty swallowing | l. Rapid or weak pulse |
| e. Swelling of eyes, lips, face, tongue, throat
or elsewhere | m. Skin flushing or extreme
paleness |
| f. Hoarseness | n. Burning sensation, especially
face or chest |
| g. Sweating and anxiety | o. Blueness around lips, inside
lips, eyelids |
| h. Nausea, abdominal pain, vomiting &
diarrhea | p. Loss of consciousness |
2. When any of the above signs are present, caregiver should immediately give EPI-PEN according to the attached procedure:
Caregiver: _____

 3. Call 911 for transport to hospital
 4. Begin CPR for absent breathing/pulse
 5. Scrape stinger away immediately, apply ice to sting bit
 6. Notify parents

Physician Signature

Parent/Guardian Signature

Physician Telephone Number

Parent/Guardian Telephone Number

Date

Parent/Guardian Telephone Number