



## EMERGENCY ACTION PLAN

# Anaphylaxis – Life-Threatening Allergies

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Identified Allergen(s): \_\_\_\_\_

Asthma:  Yes  No Other relevant health concerns: \_\_\_\_\_

### Contact Information:

Student  
Picture

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Health Office/School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

IMPORTANT: EACH ALLERGIC REACTION MAY INCREASE IN SEVERITY FROM PREVIOUS REACTIONS.  
ALLERGIC REACTIONS CAN INCREASE IN SEVERITY QUICKLY – PROVIDE EMERGENCY CARE AS QUICKLY AS POSSIBLE.

### A LIFE-THREATENING ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

#### Are any of these signs and symptoms present and severe?

- ✓ LUNG: Short of breath, wheeze, repetitive cough
- ✓ HEART: Pale, blue, faint, weak pulse, dizzy, confused
- ✓ THROAT: Tight, hoarse, trouble breathing/swallowing
- ✓ MOUTH: Obstructive swelling (tongue and/or lips)
- ✓ SKIN: Hives over body

#### Or is there a combination of symptoms from different body areas?

- ✓ SKIN: Hives, itchy rashes, swelling (eyes, lips)
- ✓ GUT: Vomiting, cramping pain, diarrhea
- ✓ RESPIRATORY: Runny nose, sneezing, swollen eyes, phlegmy throat
- ✓ OTHER: Confusion, agitation, feeling of impending doom

### DO THIS

**INITIATE CARE – do not delay treatment if anaphylaxis is suspected. When in doubt, give epinephrine.**

**TREATMENT:** Epinephrine – Medication is at school  Yes  No Dosage: \_\_\_\_\_

Directions for administration: \_\_\_\_\_  Repeat dose after 5 or more minutes if needed.

Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider).

Treatment should be initiated only following the appearance of symptoms (per healthcare provider).

### THEN MONITOR

**PROVIDE ONGOING CARE: Stay with the student, maintain airway, do not have the student rise to an upright position. Observe for changes.**

If epinephrine is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.*

*In the event of an emergency, care will be initiated and parents will be contacted.*

This plan is in effect for the current school year only.