

**LINCOLN COUNTY SCHOOL DISTRICT#2  
ALLERGY AND ANAPHYLAXIS ACTION PLAN**

School Year: \_\_\_\_\_

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

Will this student ride the bus to or from school?  YES  NO Bus/Route# (if known): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother Work: \_\_\_\_\_ Father Work: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGY TYPE:**

**Exposure that causes reaction:**  Ingestion  Contact (touch)  Inhalation (air fumes)

Foods (list): \_\_\_\_\_

Insect stings (list type): \_\_\_\_\_

Latex (identify type):  Type I – anaphylaxis  Type IV – contact dermatitis (skin reaction)

Other (list): \_\_\_\_\_

Describe reactions previously experienced including date of last reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNS OF AN ALLERGIC REACTION**

Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Itching and/or a sense of tightness in the throat; hoarseness, hacking cough
Lung	Shortness of breath, repetitive coughing, wheezing
Heart	Thready pulse, low BP, fainting, pale, blueness of lips or nailbeds
Neuro	Disorientation, dizziness, loss of consciousness

The severity of symptoms can quickly change to become potentially life-threatening

**MINOR REACTION (Symptoms include a few hives, no breathing problem):**

- **Monitor closely for worsening symptoms**
- **Give:**  Benadryl, \_\_\_\_\_ mg by mouth
- **Call: Parent/guardian or other emergency contact.**
- **Call School Nurse (\_\_\_\_\_ or ext \_\_\_\_\_).**
- **Remain with student and continue to monitor closely.**
- **If condition worsens, follow instructions for MAJOR REACTION on opposite side**

(OVER)

**MAJOR REACTION (wide-spread hives, severe swelling especially of mouth, lips or tongue, loss of blood pressure or other moderate to severe symptoms as listed above)**

- **Give:**  **Epi-pen Adult (0.3mg)**  **Epi-pen Junior (0.15mg)** **into outer thigh muscle.**
  - Remove EpiPen from container
  - Grasp unit with orange tip pointing downward
  - Form fist around unit
  - With your other hand, pull off the blue safety release
  - Hold orange tip near outer thigh **DO NOT INJECT INTO BUTTOCK**
  - **Firmly push** against outer thigh until unit clicks and it is perpendicular (90° angle) to the thigh (auto-injector is designed to work through clothing)
  - Hold firmly against outer thigh for approximately 5-10 second to deliver medication
  - Remove unit from outer thigh (orange needle cover will extend to cover needle) and massage injection area for 10 seconds
  - **Record Time Administered!!!!**
- **Call 911** and seek immediate medical attention (take used auto-injector with you) at the nearest hospital emergency room
- **Call School Nurse**
- **Administer 2<sup>nd</sup> dose (5-10 min) if symptoms do NOT improve and EMS has NOT arrived.**
- **Remain with student**
- **Provide other emergency first aide as needed**
- **Keep victim flat, elevate legs, Give used injector(s) to EMS, report time of injection**
- **Call Parent/guardian or other emergency contact**

**USE AND POSSESION OF AUTO-INJECTOR AT SCHOOL (Mark all that apply):**

- This student's allergy history **does not require** an injectable Epinephrine prescription.
- This student's allergy history **requires** an injectable Epinephrine prescription, as above.
  - This student has been trained and is able to **carry and self-administer** his/her injectable Epinephrine.
  - This student **needs help** to administer his/her injectable Epinephrine.

This Student's epi will be kept \_\_\_\_\_ location at school!

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Health care provider signature required annually for all prescription medications including Epi-Pen)

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received in Health Services: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_