

LINCOLN PUBLIC SCHOOLS ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ DOB: _____ Teacher/Cluster: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (Higher risk for a severe reaction) [] No

PLACE
STUDENT'S
PICTURE
HERE

For a suspected or active food allergy/bee sting/other allergic reaction:

FOR ANY OF THE FOLLOWING

SEVERE SYMPTOMS:

[] If checked, give epinephrine immediately if the allergen was definitely eaten, or definitely stung, even if there are no symptoms.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION

of mild or severe symptoms from different body areas.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten or likely stung.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

NOTE: Do not depend on antihistamines or inhalers (bronchodilator) to treat a severe reaction. **Use Epinephrine.**

1. INJECT EPINEPHRINE IMMEDIATELY.

- CALL 911.** Request ambulance with epinephrine.
 - Consider giving additional medications (following or with the epinephrine):
 - Antihistamine
 - Inhaler (bronchodilator), if asthma
 - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

MEDICATION/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15mg IM [] 0.3mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

[] If initialed by Physician/HCP, student may self-carry and/or self-administer epinephrine.

Parent/Guardian Authorization Signature _____ Date _____

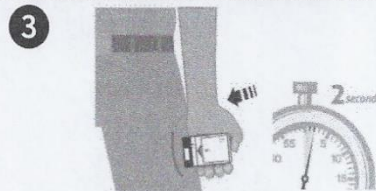
Certified School Nurse Teacher Authorization Signature _____ Date _____

Physician/HCP Authorization Signature _____ Date _____

Please Print Physician Name _____ Phone _____

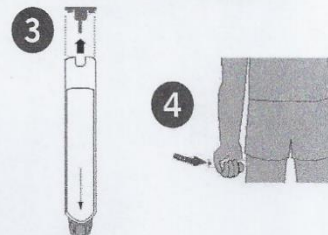
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



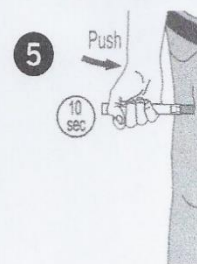
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



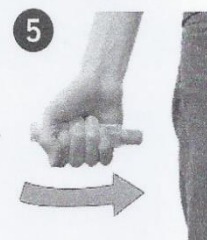
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

LINCOLN PUBLIC SCHOOLS ALLERGY INDIVIDUAL HEALTH CARE PLAN (IHCP)

Name: _____ DOB: _____ Allergy to: _____

Level of Allergy: (Circle) Inhalation Tactile Ingestion Unknown Age of Onset: _____

Describe symptom(s) of allergic reaction(s): _____

History of Anaphylaxis: (Circle one) Yes No Treatment: EpiPen Benadryl Other: (please specify) _____

Other health conditions/medications (e.g., Asthma): _____

Location of Epinephrine at school: Health Office (unlocked cabinet during regular school hours)

Preventive Measures

- Parent/guardian will inform bus company personnel of their child's allergy medication requirements, & emergency contact information. **Parent/Guardian Initials** _____
- Medications that are kept in the nurse's office are available during school hours only. For any before and after school activities, it is the parent/guardian responsibility to inform activity coordinator of their child's allergy, treatments & provide emergency medications. **Parent/Guardian Initials** _____
- School personnel who may be involved in the care of a student who has been diagnosed with an allergy, will be informed of the EHCP and IHCP.
- The student will be accompanied to the health office in the event of an allergic reaction.
- Trained school personnel will carry the prescribed emergency medication(s), and a copy of the EHCP on the field trip and accompany student at all times if the parent is not present. NOTE: Student may self-carry with doctor orders.
- Other Provisions required:

EMERGENCY CONTACTS (please print) **Treat student before calling Emergency Contacts. - CALL 911**

Parent/Guardian: _____ Phone: (____) ____ - _____

Parent/Guardian: _____ Phone: (____) ____ - _____

Other: Name/Relationship: _____ Phone: (____) ____ - _____

Parent/Guardian Authorization Signature **Date**

Certified School Nurse Teacher Authorization Signature **Date**