Severe Allergic Reaction Emergency School Plan



Name:	DOB:	School:
Name.	DOD	JC11001.

Health Care Pro	ovider Please Fill out the Following:
SEVERE ALLERGIC REATION TO THE FOLLOWING: Check Below: [] Give epinephrine immediately if the allergen was defected by the company of	finitely eaten, even if no symptoms are noted . ne allergen was likely eaten.
	Antihistamine Dose:
Do not depend on antihistamine or inhaler to treat [] student has permission to self-carry/administer epin [] student is not ready to self-medicate at school.	a severe reaction: USE EPINEPHRINE!
Physician/HCP (print name) Physician/H	ICP authorization signature Date
SEVERE SYMPTOMS INJECT EPINEPHRINE IMMEDIATELY FOR ANY OF THE FOLLOWING:	Mild Symptoms Nose Mouth Skin Stomach Itchy Itching Few Hives Nausea Runny Mild Itching Discomfort



Shortness of breath Wheezing Repetitive cough

Heart

Pale/Blue skin Faint/weak pulse Dizziness



Throat

Tightness Hoarseness Trouble breathing Trouble swallowing

Mouth

Swelling of tongue Swelling of lips



All over body hives Widespread redness



Stomach

Repetitive vomitting Severe Diarrhea Severe stomach pain



Anxiety Confusion Sense of doom



Other



OR A

COMBINATION

of symptoms from different body areas







- 1. INJECT EPINEPHRINE IMMEDIATELY.
- 2. CALL 911. Tell dispatcher the person is having anaphylaxis.
- Consider giving additional medications after epinephrine:
 - Antihistamine
 - Inhaler if wheezing
- Lay the person flat, raise legs and keep warm. If vomitting, let them sit up or lie on their side.
- If symptoms do not improve or worsen after 5 minutes, administer second epinephrine if available.
- EMS to transport student to ER, unless parent is on site and chooses to transport student themselves.

Mild Itching Discomfort

For MILD SYMPTOMS from a SINGLE **SYSTEM,** follow the directions below:

- 1. Antihistamine may be given if ordered by health care provider.
- 2. Stay with the person; alert emergency contacts.

Sneezing

FOR 2 OR MORE MILD SYPMTOMS, OR IF SYMPTOMS ARE WORSENING, **GIVE EPINEPHRINE**

District RN Signature	