Pulaski County Schools
Care Plan for Allergic Reaction/Anaphylaxis
BEE/INSECT/LATEX

Student's Name: _____DOB: _____
Allergy to: _____ Asthma: ☐ Yes ☐ NO Weight: _____

Treatment Plan: Give Checked Medication

Symptoms:		
▪ **Mouth:** Significant swelling of tongue and/or lips)	☐ Epinephrine	☐Antihistamine
▪ **Skin:** Many hives over body, itchy rashes, swelling eyes/lips	☐ Epinephrine	☐Antihistamine
▪ **Gut:** Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐Antihistamine
▪ **Throat***: Tight, hoarse, hacking cough, trouble breathing/swallowing	☐ Epinephrine	☐Antihistamine
▪ **Lung***: Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐Antihistamine
▪ **Heart***: Pale, blue, faint, weak pulse, dizzy, confused	☐ Epinephrine	☐Antihistamine
▪ **Other:**	☐ Epinephrine	☐Antihistamine

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation. Inject epinephrine immediately. Call 911 stating child is having anaphylaxis and may need more epinephrine when they arrive.

Medications/Doses
Epinephrine (brand):_____Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM
Antihistamine (brand and dose) _____

Emergency Plan of Action

Call 911 immediately. Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose can be given 5 minutes or more after the first if symptoms persist or recur.
Treat student even if parents cannot be reached.
2. Dr. _____ Phone Number: _____
3. Parent _____ Phone Numbers: _____
4. Emergency Contact: _____ Phone Number _____

_____This student has been instructed in the proper way to use his/her epinephrine. It is my professional opinion that this student is responsible and should be allowed to carry and self administer his/her epinephrine.
_____This student has an order for antihistamine and has been instructed on when to use for symptoms of allergic reaction. **Student may carry only one dose for self administration.**
_____It is my professional opinion that **this student should not carry his/her epinephrine or antihistamine at school**. Their epinephrine/antihistamine will be kept in the Health clinic and administered by school nurse and/or designated trained personnel.

This plan of care is in accordance with the student's medical management and is to be followed at school.

Physician Signature: _____Date: _____

Parent/Guardian's Signature _____Date: _____

Revised: May 12, 2016

Student Name: _____DOB: _____

The following is to be completed by parent/guardian

Outline a plan for when your child is riding the bus to and from school:

_____

_____

Will this student be carrying Epinephrine on the school bus? _____

.

Parent /Guardian Consent: I have received and approve this health and emergency care plan for my child. I authorize unlicensed trained personnel of Pulaski County Schools to administer and/or assist my child with epinephrine and/or other prescribed medication as outlined in this plan in the absence of the school nurse. I understand that I am responsible for supplying any medication, supplies and/or equipment needed by my child to manage his/her allergy/reaction. This health care plan can be updated at any time my child's circumstances require modifications in treatment, but will be reviewed annually. I also consent to the release of the information contained in this care plan to Pulaski County Public School personnel who care for my child and who may need to know this information to maintain my child's health and safety.

Parent/Guardian Signature _____Date _____

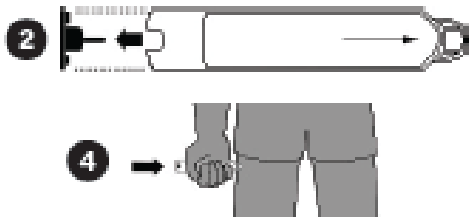
School Nurse Signature _____Date _____

TRAINED STAFF MEMBERS

1.	Location:
2.	Location:
3.	Location:

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

Revised: May 12, 2016