

Pulaski County Public Schools
Allergy/Anaphylaxis Emergency Plan



Student's name: _____ Date of Plan: _____

Date of Birth: ___/___/___ Age: _____ Weight: _____ lbs. _____ kg

Student has allergy to _____

Student has asthma. Yes No (if yes, higher chance severe reaction)

Student may carry medicine and self-administer Yes No

Student needs help with administering medication Yes No

For Severe Allergy and Anaphylaxis

What to look for

If student has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom", confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine

Give epinephrine!

What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911
 - Ask for 911 with epinephrine
 - Tell 911 when epinephrine was given
3. Stay with student and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep student lying on back. If the child vomits or has trouble breathing, keep student lying on his/her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction

What to look for

If student has had any mild symptoms, monitor child.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child

What to do

Stay with student and:

- Watch student closely.
- Give antihistamine (if prescribed).
- Call parent/guardian and student's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine (see "For Severe Allergy and Anaphylaxis")

EPINEPHRINE (INJECTION) DOSE:

- EpiPen Jr. (0.15 mg) EpiPen (0.3mg)
 Adrenaclick (0.15 mg) Adrenaclick (0.3)
 Other _____

ANTIHISTAMINE (ORAL) DOSES:

- Benadryl (also known as Diphenhydramine)
 12.5 mg (1 teaspoon or 1 chewable)
 25 mg (2 teaspoons or 2 chewables)
 50 mg (4 teaspoons or 4 chewables)
 Other antihistamine: _____

Medical Provider Signature: _____ Date: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____ Phone: _____

Emergency Contact Name/Phone: _____