

ALLERGY ACTION PLAN

| School Year: | | | |
|--|-------------------------------|---|--|
| Student's Name: | Date of birth: | Grade/Class: | |
| Address: | Phone Number: | | |
| ALLERGY:Latex | | | |
| Foods (list): | | | |
| Medications (list): | | | |
| Stinging Insects (list): | | | |
| Asthmatic: YES* NO *High risk | for severe reaction | | |
| Signs of an allergic reaction: | | | |
| The severity of symptoms can quickly cha | nge. All of the below symptom | s can potentially progress to a | |
| life-threatening situation. | | io can percinany progress to a | |
| | | | |
| Systems: | Symptoms: | | |
| Mouth | | Itching & swelling lips, tongue, or mouth | |
| Throat | and hacking cough | | |
| Skin | extremities | | |
| Gut | | Nausea, abdominal cramps, vomiting, and/or diarrhea | |
| Lung | | etitive coughing, and/or wheezing | |
| Heart | Thready pulse, passing of | out | |
| Ac | ction for Major Reaction | | |
| If symptom(s) are: | | | |
| give | | IMMEDIATELY! | |
| | | | |
| The CALL: 911-Activate EMS | | | |
| | ot. | | |
| Parant/Cuardian/Emarganay Contact | at Phone Numb | | |
| Parent/Guardian/Emergency Contact | Phone Numb | ei | |
| | at | | |
| Physician | Phone Numb | | |
| <u>Ac</u> | ction for Minor Reaction | | |
| If only symptom(s) are: | | | |
| give | | | |
| | Medication/Dose/Route | | |
| Then call: | | | |
| | at | | |
| Parent/Guardian/Emergency Contact | Phone Numb | er | |
| | at | | |
| Physician | Phone Numb | er | |

If condition does not improve within 10 minutes, follow steps for Major Reaction above. PLEASE SEE BACK OF FORM FOR REQUIRED PHYSICIAL SIGNATURE

| Student's Name: | _ Date of birth: | Grade/Class: | | |
|---|------------------|--------------|--|--|
| Parent Signature | Date | | | |
| Physician Signature | Date | | | |
| PHYSICIAN: Please initial here if STUDENT has been instructed on how to use Epi-pen/Auvi-Q and is able to self-administer; thus <u>enabling the student to carry the Epi-pen/Auvi-Q on his/her person while at school. If the student is able to self carry it is required by law for an additional Epi-pen/Auvi-Q to be kept in the school clinic.</u> | | | | |
| PARENT/GUARDIAN AND STUDENT: Please initial here/ to indicate that you have been instructed and if student self-administers Epi-pen/Auvi-Q will notify an adult school staff member to activate EMS. By initiating, you are acknowledging that by law, an additional Epi-pen/Auvi-Q must be brought into the school and kept in the clinic (ORC 3313.718). | | | | |
| Emergency Contacts: | | | | |
| 1 Name | Relationship | Phone | | |
| 2Name | Relationship | Phone | | |
| 3Name | Relationship | Phone | | |
| Trained Staff Members | | | | |
| 1Name | | Room | | |
| 2Name | | Room | | |
| 3Name | | Room | | |

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

- 1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
- 2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate.
- 3. Have student sit down if able.
- 4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
- 5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise).
- 6. **Hold in place and count to 10**. This enables the medication to get into the student.
- 7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
- 8. Massage the injection area and count to 10.
- 9. Keep the child warm and calm. Stay with child at all times.
- 10. Note time of injection.
- 11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

Auvi Q

1. Pull out of case and follow directions that are verbalized to you.

01/14/13

10/22/18