BLOOMSBURY ELEMENTARY SCHOOL

Food Allergy Action Plan

Emergency Care Plan

Place Student's Picture Here

Name:_____ **D.O.B.:**_____

Allergy to: _____

Past Symptoms: _____

Weight:_____lbs. **Asthma:** . Yes (higher risk for a severe reaction) . No

Sections 1A, 1B, 1C and 1D are to be completed by healthcare provider.

1A. Treatment by Nurse When Present

Extremely reactive to the following foods: _____

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:	Short of breath, wheeze, repetitive cough
HEART:	Pale, blue, faint, weak pulse, dizzy, confused
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Obstructive swelling (tongue and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

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

If Epinephrine is Given, CALL 911!

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 of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. If second dose of epinephrine not available in ambulance, send second dose with student to be used en route to hospital if necessary. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

See back/attached for auto-injection technique.

1B. Treatment by Delegate When Nurse Not Present ***(choose one of the options below)***

Delegate order—for suspected exposure to allergen(s) listed above, delegates are to immediately administer epinephrine. Dose and brand____.

May repeat in __________minutes if symptoms persist or recur.

This student's order should not be delegated. Healthcare Provider initials____________

1C. Treatment by Student (self-administration)

This student is capable of and has been instructed in the proper way to self-administer the prescribed epinephrine auto-injector and/or inhaler, therefore, he/she may self-administer the medication as prescribed.

NO YES Healthcare Provider Initials____________

1D. Additional information

Has allergy testing been recommended?	Yes	No	Completed?	Yes	No
Has allergy desensitization been for venom been recommended?			N/A	Yes	No
			Completed?	Yes	No
Does student require seating at an allergen-free table?				Yes	No

_______________________________ __________
Physician/Healthcare Provider Signature Date

Healthcare Provider Name and address PRINTED or STAMP---____

End of Healthcare Providers Section

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Section 2- TO BE COMPLETED BY PARENT/GUARDIAN

2A. Contact Information

Parent Name-_________________Phone numbers: Home _______________ Cell _______________ Work _______________

Parent Name-_________________Phone numbers: Home _______________ Cell _______________ Work _______________

Additional contact____________________________________ Relationship_____________

Phone numbers: Home _______________ Cell _______________ Work _______________

2B. Parent Authorization (to be completed for all students)

I hereby give permission for my child to receive medication at school as prescribed above. I also give permission for the release and exchange of information between the school nurse and my child's healthcare provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

Date____________ Parent Signature____

C. Parent authorization for the administration of epinephrine by designees/delegates (to be completed for all students for whom the healthcare provider has completed Step 1B for epinephrine delegates and parent gives consent to trained delegates for their child.)

I give consent for the administration of epinephrine via a pre-filled auto-injector mechanism by the district delegates/designees trained by the certified school nurse to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees shall have no liability as a result of any injury arising from the administration of epinephrine to my child and that the parents and guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine to a student via a pre-filled auto-injector mechanism.

Date____________ Parent Signature____

D. Parent Authorization for students with physician permission to self-administer medication

1. I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration by the student of the medication prescribed on this form and that indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

Date____________ Parent Signature____

2. I give permission for my child to self-administer medication as prescribed on this form for the current school year as I consider him/her to be responsible and capable of self-administration of medication. Medication must be kept in its original prescription container. I understand my child is to keep the medication for self-administration with him/her at all times. For an antihistamine prescribed to be given along with epinephrine for anaphylaxis, a single pre-measured dose of antihistamine, in its original labeled container, is to be kept with the student, along with the epinephrine, at all times. Extra medication will be sent to school to be kept in the Health Office in case my child forgets to bring the medication prescribed.

Date____________ Parent Signature____
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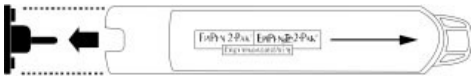
SECTION 3 – TO BE COMPLETED BY SCHOOL NURSE:

Location of Epinephrine

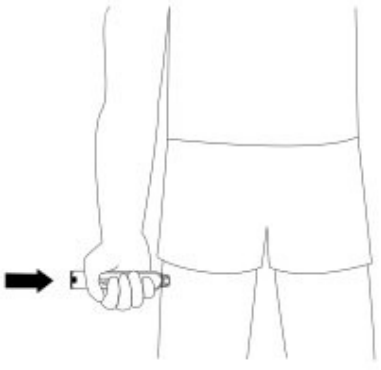
AED Cabinet Self-Carry Health Office Other

EpiPen® (epinephrine) Auto-Injector Directions

- **First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case**
- **Pull off the blue safety release cap**



- **Hold orange tip near outer thigh (always apply to thigh)**



- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.**

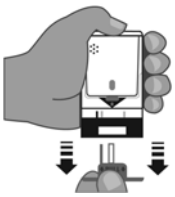
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

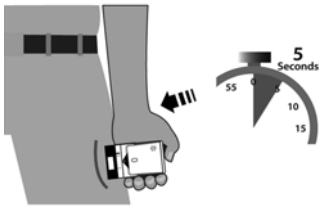
EpiPen® 2-Pak® EpiPen Jr 2-Pak®
(Epinephrine) Auto-Injectors 0.3/0.15mg

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.





Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions

Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).