

JEFFERSON TOWNSHIP PUBLIC SCHOOLS

Allergy Emergency Action Plan

(All Areas Must Be Completed)

Attach
child's
picture here

Student's Name _____ D.O.B. _____ Weight: _____ Teacher _____

ALLERGY TO: _____

Asthmatic Yes ☐ No ☐ *Higher risk for severe reaction

STEP 1: TREATMENT BY SCHOOL NURSE

Symptoms:	Give Checked Medication : ** (To be determined by physician authorizing treatment)	
▪ If a food allergen has been ingested, or if stung, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat: †Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung: † Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart: † Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Other: † _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) _____ 0.30mg auto injector EpiPen®, Auvi-Q®, or Twinject™, entire syringe
 _____ 0.15mg auto injector EpiPen Jr.® Auvi-Q®, or Twinject Jr.™, entire syringe
 (see reverse side for instructions)

Epinephrine may be repeated in 5-7 minutes if symptoms do not improve

Antihistamine: give _____
 medication/dose/route

Other: give _____
 medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:
 Name/Relationship Phone Number(s)

a. _____ 1.) _____ 2.) _____
 b. _____ 1.) _____ 2.) _____

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT (Please check one):

P.L. 2007, c 57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

 Delegate Order – For suspected exposure to allergen(s) listed above, delegates are to immediately administer prescribed auto-inject epinephrine. Note: Delegates will not be able to administer antihistamine as the first treatment.

 This student's order should not be delegated.

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one):

P.L. 207, c 57 directs that a student may be permitted to self-administer medications for potentially life-threatening illnesses, provided proper procedures are followed.

 Student **IS NOT** capable of self-administration.

 Student **IS** capable of self-administration, has been instructed in its use, and may carry an epinephrine auto-injector with him/her.

Parent Signature _____ Date _____ Physician Signature _____ Date _____

Physician Stamp:

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____

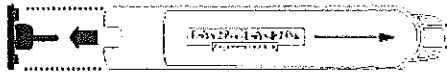
Room _____

Room _____

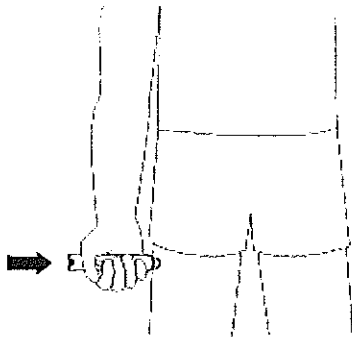
Room _____

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.

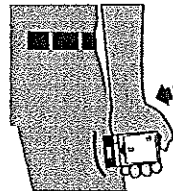
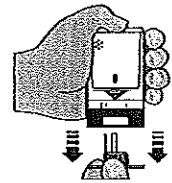


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. Licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

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.

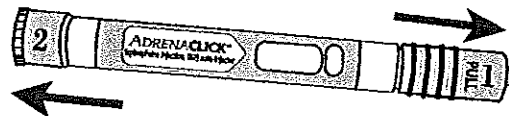


Place black end against outer thigh, then press firmly and hold for 5 seconds.

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

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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).