

G

2010-2011

**EMERGENCY PLAN FOR ALLERGIC REACTIONS**

When School Nurse is Absent, and Student is unable to self-administer EPI-PEN

**STUDENT:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**ALLERGEN:**

- 1. If stung by insect: \_\_\_\_\_
- 2. After ingesting: \_\_\_\_\_
- 3. After exposure to: \_\_\_\_\_

**ACTION TO BE TAKEN BY CAREGIVER** (Select with "X", as pertinent to student's procedure.)

- 1. Monitor student for signs of Anaphylaxis for 30 minutes under direct observation.

Symptoms may include:

- |  |   |
|--|---|
| a. Sneezing, wheezing, or coughing   | i. Dizziness and/or fainting                        |
| b. Shortness of breath or tightness of chest;<br>difficulty in or absence of breathing | j. Involuntary bowel/bladder emptying               |
| c. Itching, with or w/o hives, raised red rash in any area of body                     | k. Sense of impending disaster or approaching death |
| d. Difficulty swallowing   | l. Rapid or weak pulse                              |
| e. Swelling of eyes, lips, face, tongue, throat or elsewhere                           | m. Skin flushing or extreme paleness                |
| f. Hoarseness  | n. Burning sensation, especially face or chest      |
| g. Sweating and anxiety  | o. Blueness around lips, inside lips, eyelids       |
| h. Nausea, abdominal pain, vomiting & diarrhea   | p. Loss of consciousness                            |

- 2. When any of the above signs are present, caregiver should immediately give EPI-PEN according to the attached procedure:

Caregiver: \_\_\_\_\_  
\_\_\_\_\_

- 3. Call 911 for transport to hospital
- 4. Begin CPR for absent breathing/pulse
- 5. Scrape stinger away immediately, apply ice to sting bit
- 6. Notify parents

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Parent/Guardian Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Telephone Number