

**D'ARBONNE WOODS CHARTER SCHOOL
ALLERGY AND ANAPHYLAXIS ACTION PLAN
School Year: _____**

Student Name: _____ DOB: _____ Grade: _____

Will this student ride the bus to or from school? YES NO Bus/Route# (if known): _____

Parent Name(s): _____ Home Phone: _____
 Mother Cell: _____ Father Cell: _____
 Mother Work: _____ Father Work: _____
 Emergency Contact: _____ Phone: _____
 Physician Name: _____ Phone: _____

ALLERGY TYPE:

- Foods (list): _____
- Insect stings (list type): _____
- Latex (identify type): Type I – anaphylaxis Type IV – contact dermatitis (skin reaction)
- Other (list): _____ Describe reactions
previously experienced including date of last reaction: _____

SIGNS OF AN ALLERGIC REACTION	
Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Itching and/or a sense of tightness in the throat; hoarseness, hacking cough
Lung	Shortness of breath, repetitive coughing, wheezing
Heart	Thready pulse, low BP, fainting, pale, blueness of lips or nailbeds
Neuro	Disorientation, dizziness, loss of consciousness
The severity of symptoms can quickly change to become potentially life-threatening	

MINOR REACTION (Symptoms include a few hives, no breathing problem):

- Monitor closely for worsening symptoms
- Give: Benadryl, _____mg by mouth
- Call: Parent/guardian or other emergency contact.
- Call School Nurse
- Remain with student and continue to monitor closely.
- If condition worsens, follow instructions for MAJOR REACTION on opposite side

(OVER)

MAJOR REACTION (wide-spread hives, severe swelling especially of mouth, lips or tongue, loss of blood pressure or other moderate to severe symptoms as listed above)

- Give: Epi-pen Adult (0.3mg) Epi-pen Junior (0.15mg) into outer thigh muscle.
 - Remove EpiPen from container
 - Grasp unit with orange tip pointing downward
 - Form fist around unit
 - With your other hand, pull off the blue safety release
 - Hold orange tip near outer thigh **DO NOT INJECT INTO BUTTOCK**
 - Swing and **firmly push** against outer thigh until unit clicks and it is perpendicular (90° angle) to the thigh (auto-injector is designed to work through clothing)
 - Hold firmly against outer thigh for approximately 10 second to deliver medication
 - Remove unit from outer thigh (orange needle cover will extend to cover needle) and massage injection area for 10 seconds

- **Call 911** and seek immediate medical attention (take used auto-injector with you) at the nearest hospital emergency room
- **Call School Nurse**
- **Remain with student**
- **Provide other emergency first aide as needed**
- **Call Parent/guardian or other emergency contact**

USE AND POSSESSION OF AUTO-INJECTOR AT SCHOOL (Mark all that apply):

- This student's allergy history **does not require** an injectable Epinephrine prescription.
- This student's allergy history **requires** an injectable Epinephrine prescription, as above.
 - This student has been trained and is able to **carry and self-administer** his/her injectable Epinephrine.
 - This student **needs help** to administer his/her injectable Epinephrine.

Health Care Provider Signature: _____ Date: _____
(Health care provider signature required annually for all prescription medications including Epi-Pen)

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Date Received in Health Services: _____

School Nurse Signature: _____ Date: _____