

-- Northbridge Public Schools  
Allergy Emergency Action Plan

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Photo: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

**ASTHMATIC** YES\*  High risk for severe reaction NO

◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	Give Checked Medication (to be determined by physician authorizing)	
<b>If a food allergen has been ingested, but no symptoms</b>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Mouth</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Skin</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Gut</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Throat*</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Lung *</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Heart *</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>Other</b> _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<b>If this student presents with (or progresses to) two or more symptoms, the EpiPen® will be given, and 911 called as the severity of symptoms can change quickly and become potentially life threatening.</b>		
<b>**Benadryl is only given by a nurse. In the absence of nursing staff an EpiPen will be given.</b>		

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

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr.  
(See second page for instructions)

**Antihistamine:** Give: \_\_\_\_\_  
Medication ~ Dose ~ Route

**Other:** Give: \_\_\_\_\_  
Medication ~ Dose ~ Route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

◆STEP 2: EMERGENCY CALLS◆

1. Call 911/EMS : \_\_\_\_\_. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Parent: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **(OVER)**

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**INDIVIDUAL CONSIDERATIONS**

Emergency Contacts:

Name/Relationship

Phone Numbers

a. \_\_\_\_\_

b. \_\_\_\_\_

**Self-Medication – for School Age/Youth:**

**YES** , Student can self-medicate. I have instructed \_\_\_\_\_ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self-administer his/her medication. Student has been instructed not to share medications. Should the student violate these restrictions, the privilege of self-medicating will be revoked, student’s parent/guardian will be notified, and disciplinary action may be taken per schools’ policy. Students are required to notify the nurse when carrying EpiPens.

**NO**, It is my professional opinion that \_\_\_\_\_ SHOULD NOT carry or self-administer his/her medication.

**YES**, this child can and will carry their Epi-pen in their backpack only.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor’s Signature:** \_\_\_\_\_

**A picture of your child indicating what they are allergic to will be kept in a confidential folder in each classroom and the cafeteria. School personnel may be trained to administer EpiPens.**

**If an EpiPen is administered in school, 911 will be called and your child will be transported to the nearest hospital. You will be notified.**

**If a student who has a severe allergy rides a public school bus, the bus driver will be notified of that student’s condition and will have a folder containing a photograph of the student with contact information. The student will be expected to sit in the first 5 rows of seats on the bus. If this student develops anaphylaxis or is stung while riding the bus, the driver will immediately call the Bus Company with its location for an ambulance.**

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## **DIRECTIONS FOR USE**

- NEVER PUT THUMB, FINGERS, OR HAND OVER BLACK TIP.
- DO NOT REMOVE GRAY SAFETY RELEASE UNTIL READY TO USE.
- DO NOT USE IF SOLUTION IS DISCOLORED OR RED FLAG APPEARS IN CLEAR WINDOW.
- DO NOT PLACE PATIENT INSERT OR ANY OTHER FOREIGN OBJECTS IN CARRIER WITH AUTO-INJECTOR, AS THIS MAY PREVENT YOU FROM REMOVING THE AUTO-INJECTOR FOR USE.



**1.** Unscrew the yellow or green cap off of the EpiPen® or EpiPen® Jr carrying case and remove the EpiPen® or EpiPen® Jr auto-injector from its storage tube.



**2.** Grasp unit with the black tip pointing downward.

**3.** Form fist around the unit (black tip down).



**4.** With your other hand, pull off the gray safety release.

**5.** Hold black tip near outer thigh.



**6.** Swing and **jab firmly** into outer thigh until it clicks so that unit is perpendicular (at a 90° angle) to the thigh. (Auto-injector is designed to work through clothing.)

**7.** Hold **firmly against thigh** for approximately 10 seconds. (The injection is now complete. Window on auto-injector will show red.)

**8.** Remove unit from thigh and massage injection area for 10 seconds.

**9.** Call 911 and seek immediate medical attention.

**10.** Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room.

### Trained Staff Members

	Date: _____
	Date: _____
	Date: _____
	Date: _____
	Date: _____

Please use additional forms for staff training