

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

McDonald Local School District

600 Iowa Ave. McDonald, OH 44437

Clinic Phone: 330-530-8051 ext 2006

Fax: 330-530-7033

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Individual Considerations:

Bus - Transportation has been alerted of student's allergy ☐ Yes ☐ No Bus#: _____
☐ Student carries Epipen on the bus ☐ Yes ☐ No
☐ Epipen can be found in ☐ Backpack ☐ Purse ☐ Other _____
☐ Student requires preferential seating ☐ Yes ☐ No
☐ Other (specify) _____

Classroom - For Food Allergy ONLY

- ☐ Student is allowed to eat only the following foods:
 - ☐ those in manufactured packaging with ingredients listed and determined to be allergen-safe by the PCP or Parent/Guardian
 - ☐ those approved by parent
- ☐ Alternative snacks will be provided by Parent/Guardian to be kept in classroom
- ☐ Parent/Guardian to be advised of planned parties as early as possible
- ☐ Student to wear ID bracelet indicating allergy
- ☐ Signs posted in classroom indicating classroom free of allergen (peanuts, red dye, etc.)
- ☐ Middle/High School student will be making his/her own decisions

Cafeteria - Alerted of student's allergy ☐ Yes ☐ No

Student will:

- ☐ NOT share or trade food items in the lunch room
- ☐ Bring a packed lunch daily
- ☐ Be able to identify food allergy restrictions
- ☐ NO RESTRICTIONS

Please initial next to each statement below:

- _____ I request this medication be administered as ordered by the student's licensed health care provider.
- _____ I give Joseph Badger School's staff permission to communicate with the health care provider about this medication.
- _____ I understand that these medications may be administered by certified staff members who have been trained in the administration of emergency medication.
- _____ I agree that this medical information may be shared with school staff working with my student and 911 staff if needed.
- _____ I assume responsibility for supplying medication to the school that will not expire during the course of its intended use.
- Expired medication cannot be administered.**
- _____ Medication must be in original prescription container with instructions as noted by health care provider.
- _____ I will provide an additional Epipen in the clinic if my child is authorized to self carry.
- _____ In the event of an emergency, I give my permission for transport and treatment at the nearest medical facility.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

additional Epipen is required to be stored in clinic if student is authorized to self carry

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

Preferred Hospital: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____