

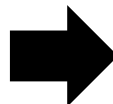
Haysville Public Schools Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name:	Birthdate:	Grade:
School:	Teacher:	
ALLERGY TO:		
History:		
Asthma: <input type="checkbox"/> Yes (higher risk for severe reaction) – Refer to asthma care plan <input type="checkbox"/> No		

◇ STEP 1: TREATMENT

SEVERE SYMPTOMS: Any of the following:

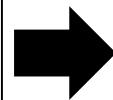
LUNG: Short of breath, wheeze, repetitive cough
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Swelling of the tongue and/or lips
 HEART: Pale, blue, faint, weak pulse, dizzy
 SKIN: Many hives over body, widespread redness
 GUT: Vomiting or diarrhea (if severe or combined with other symptoms)
 OTHER: Feeling something bad is about to happen, Confusion, agitation



1. **INJECT EPINEPHRINE IMMEDIATELY**
 2. Call 911
 3. Stay with child and
 - a. Call parent/guardian
 - b. If symptoms don't improve or worsen, give 2nd dose of Epi, if available, as instructed below.
 - c. Monitor student: keep them lying down. If vomiting or difficulty breathing, put student on side.
- Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinephrine. **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

NOSE: Itchy, runny nose, sneezing
 SKIN: A few hives, mild itch
 GUT: Mild nausea/discomfort



1. Stay with child and
 - a. Alert parent
 - b. Give antihistamine (if prescribed)
2. If 2 or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box.

DOSAGE: Epinephrine: inject intramuscularly using auto injector check one): 0.3 mg 0.15 mg

If symptoms do not improve in _____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available

Antihistamine: (brand and dose): _____

Asthma Rescue Inhaler (brand and dose): _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print): _____ Phone Number: _____

Provider Signature: _____ Date: _____

◇ STEP 2: EMERGENCY CALLS

1. If epinephrine given, call 911.	
2. Parent:	Phone Number:
3. Emergency contacts: Name/Relationship	Phone Number(s)
a.	
b.	

I grant permission for Haysville Schools to exchange information with my child's health care provider and dispensing pharmacy identified on the medication label as deemed necessary. I hereby request that Haysville schools cooperate with the prescribing health care provider and assist with the administration of medication pursuant to the policy of the Haysville Schools. I have reviewed the above statements and agree to abide by Haysville Schools School District Policy regarding the administration of medication/procedures at school. I further release Haysville schools and school personnel from liability when my child self-carries and self-administers medication.

Parent/Guardian Signature: _____ Date: _____

School Nurse: _____ Date: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

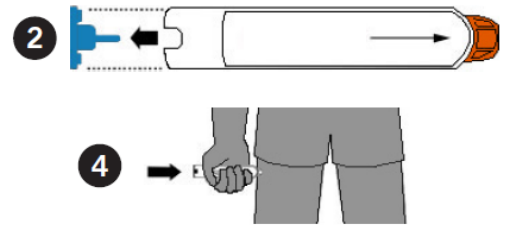
Student Name: _____

DOB: _____

Expiration date of epinephrine auto injector: _____

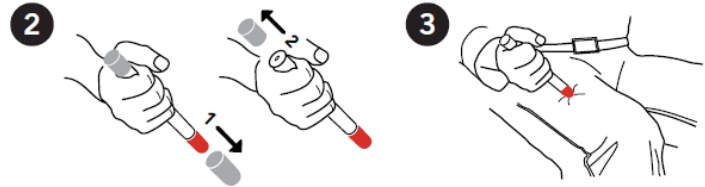
EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



If this condition warrants meal accommodations from nutrition services, please complete the meal modification form.

Additional information: _____

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017