



# Appleton Area School District

HEALTH SERVICES \* P.O. Box 2019, Appleton, WI 54911 \* 920-997-1399 ext. 2106

## Anaphylactic Allergy Emergency Health Plan

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Room: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Weight: \_\_\_\_\_ Provider: \_\_\_\_\_

Does the student have asthma? [ ] Yes (higher risk for a severe reaction) [ ] No

SEVERE SYMPTOMS		EMERGENCY PROCEDURE
LUNG	Short of Breath, wheezing, repetitive cough	<ol style="list-style-type: none"> <li>1. For any of the listed SEVERE symptoms, INJECT EPINEPHRINE IMMEDIATELY.</li> <li>2. Call 911. Tell the rescue squad epinephrine was given. Request ambulance with epinephrine.</li> <li>3. Consider giving additional medications (following or with the epinephrine): Antihistamine, Inhaler (bronchodilator) if asthma</li> <li>4. Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</li> <li>5. If symptoms do not improve, or symptoms return, a second dose of epinephrine can be given 5 minutes or more after the last dose.</li> <li>6. Alert emergency contacts (parent/guardian).</li> <li>7. If stung by insect, apply ice to the site.</li> </ol>
HEART	Pale, blue, faint, weak pulse, dizzy	
THROAT	Tight, hoarse, trouble breathing/swallowing	
MOUTH	Significant swelling of the tongue and/or lips	
SKIN	Many hives over body, widespread redness	
GUT	Repetitive vomiting or severe diarrhea	
OTHER	Feeling something bad is about to happen, anxiety, confusion * OR a combination of mild or severe symptoms from different body areas.	

MILD SYMPTOMS		PROCEDURE
NOSE	Itchy/runny nose, sneezing	<ol style="list-style-type: none"> <li>1. When in doubt, give epinephrine.</li> <li>2. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN.</li> <li>3. Stay with student; alert emergency contacts.</li> <li>4. If stung by insect, apply ice to the site.</li> <li>5. Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.</li> </ol>
MOUTH	Itchy mouth	
SKIN	A few hives, mild itch	
GUT	Mild nausea/discomfort	

### EMERGENCY MEDICATIONS:

**Epinephrine:** Inject intramuscularly (circle one) EpiPen EpiPen Jr. Auvi-Q 0.3 mg Auvi-Q 0.15 mg

Side effects: \_\_\_\_\_

**Antihistamine name:** \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Side effects: \_\_\_\_\_

**Other (ex. inhaler):** medication/dose/route \_\_\_\_\_

[ ] The student is authorized to self-carry and self-administer the above medications.

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips. Please note that for the safety of the student, all staff members will be made aware of the student's allergy.