

Place child's

Hudson Public Schools

School _____

(grades preK - 7)

Teacher _____

photo here

School Year _____

Grade/Team: _____

Emergency Action Plan – Life-Threatening Allergy
(front side completed by student's physician)

Student's Name: _____

D.O.B. _____

Allergy to: _____

Asthmatic? (please circle) **Yes** **No**
Previous anaphylactic reaction? **Yes** **No**

Inhaler (albuterol): **Yes** **No**
(yes = high risk for severe reaction)

Symptoms of allergic reaction may include:

- Mouth itching, tingling, swelling of lips, tongue, mouth
- Skin hives, itchy rash, swelling about the face or extremities
- Gut nausea, abdominal cramps, vomiting, diarrhea
- Throat itching or sense of tightness in throat, hoarseness, "barky" cough, difficulty swallowing
- Lung nasal congestion, shortness of breath
- Heart "thready" pulse; "passing out"
- Brain anxiety, feeling of "impending doom"

Specific symptoms for this student include: _____

1. Doctor's Orders for School Nurse

If ingestion/sting suspected:

Step 1 Depending on severity of symptoms (please check):

First give: Benadryl: 12.5 mg____ 25mg____ 37.5mg____ 50mg ____

Epipen® _____ Epipen Jr® _____

If Benadryl given and symptoms worsen, give Epipen® _____ Epipen Jr® _____

Step 2 Call 911 if Epipen® given

Call parent/guardian (#'s listed on back)

2. Doctor's Orders for Staff trained in Epipen®/Epipen Jr.® administration

Field trip, no nurse present: The school nurses cannot delegate PRN medication including antihistamines (Board of Registration in Nursing; 244 CMR 3.05).

If ingestion/sting suspected:

Step 1 Check → Give: Epipen® ____ or Epipen Jr® ____ (Directions on back)

Step 2 Call 911

Step 3 Call Parent/Guardian (#'s listed on back)

I have reviewed and agree with this Plan and authorize the school nurse to administer the above medications as prescribed:

Physician: _____ Tel # : _____ Date: _____

Parent/Guardian: _____ Date: _____ School Nurse: _____ Date: _____

Epipen®/Epipen Jr. ® Directions (can be given through clothes)

- 1. Pull off gray or blue activation cap.**
- 2. Hold black or orange tip near outer thigh (always apply to thigh).**
- 3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the Epipen® unit and massage the injection area for 10 seconds.**
- 4. The used Epipen should be given directly to EMS personnel. For the Epipen with the gray/black cap, put the device back in the sleeve and screw on the yellow cap. For the Epipen with the blue/orange cap, the needle will be covered after administration.**

Emergency Contacts

Parent/Guardian to complete this section. Please list names in order to be contacted. Please include work and cell #s as available.

Name	Relation (e.g. mom, neighbor)	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Permission to self-carry: Parent: _____ Date: _____

School Nurse: _____ Date: _____

Permission to self-administer: Parent: _____ Date: _____

School Nurse: _____ Date: _____

Trained Staff Members (completed by school nurse)

Name	Classroom	Name	Classroom
_____	_____	_____	_____