

Place child's

**Hudson Public Schools**

School \_\_\_\_\_

High School

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 Inhaler (albuterol): Yes No  
Previous anaphylactic reaction? 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® \_\_\_\_ 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\ self administer: Parent: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

This section completed by Nurse and Student

Student demonstrates safe and correct use of epi-pen, agrees never to share epi-pen, and agrees to call 911 following epi-pen use.)

Permission to self-carry/ self administer: Student: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance monitored: School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_