



## EMERGENCY ACTION PLAN

# Anaphylaxis – Life-Threatening Allergies

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Identified Allergen(s): \_\_\_\_\_

Asthma: ☐ Yes ☐ No Other relevant health concerns: \_\_\_\_\_

### Contact Information:

Student  
Picture

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Health Office/School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

IMPORTANT: EACH ALLERGIC REACTION MAY INCREASE IN SEVERITY FROM PREVIOUS REACTIONS.  
ALLERGIC REACTIONS CAN INCREASE IN SEVERITY QUICKLY – PROVIDE EMERGENCY CARE AS QUICKLY AS POSSIBLE.

### A LIFE-THREATENING ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

#### Are any of these signs and symptoms present and severe?

- ✓ LUNG: Short of breath, wheeze, repetitive cough
- ✓ HEART: Pale, blue, faint, weak pulse, dizzy, confused
- ✓ THROAT: Tight, hoarse, trouble breathing/swallowing
- ✓ MOUTH: Obstructive swelling (tongue and/or lips)
- ✓ SKIN: Hives over body

#### Or is there a combination of symptoms from different body areas?

- ✓ SKIN: Hives, itchy rashes, swelling (eyes, lips)
- ✓ GUT: Vomiting, cramping pain, diarrhea
- ✓ RESPIRATORY: Runny nose, sneezing, swollen eyes, phlegmy throat
- ✓ OTHER: Confusion, agitation, feeling of impending doom

### DO THIS

**INITIATE CARE – do not delay treatment if anaphylaxis is suspected. When in doubt, give epinephrine.**

**TREATMENT:** Epinephrine – Medication is at school ☐ Yes ☐ No Dosage: \_\_\_\_\_

Directions for administration: \_\_\_\_\_ ☐ Repeat dose after 5 or more minutes if needed.

☐ Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider).

☐ Treatment should be initiated only following the appearance of symptoms (per healthcare provider).

### THEN MONITOR

**PROVIDE ONGOING CARE: Stay with the student, maintain airway, do not have the student rise to an upright position. Observe for changes.**

If epinephrine is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.  
In the event of an emergency, care will be initiated and parents will be contacted.*

*This plan is in effect for the current school year only.*