



Allergy Action Plan/Anaphylactic Reaction Emergency Procedure Form

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Student Name _____ DOB _____ Teacher _____ School: _____

ALLERGY TO _____

ASTHMATIC Yes* No *Higher risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:	
SYMPTOMS:	PLEASE CHECK THE SYMPTOMS WHICH MAY APPLY TO YOUR CHILD
MOUTH	<input type="checkbox"/> Itching <input type="checkbox"/> Tingling Swelling of: <input type="checkbox"/> Lips <input type="checkbox"/> Tongue <input type="checkbox"/> Mouth
SKIN	<input type="checkbox"/> Hives <input type="checkbox"/> Itchy Rash <input type="checkbox"/> Swelling of the face or extremities
GUT	<input type="checkbox"/> Nausea <input type="checkbox"/> Abdominal Cramps <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea
THROAT†	<input type="checkbox"/> Tightening of Throat <input type="checkbox"/> Hoarseness <input type="checkbox"/> Hacking Cough
LUNG†	<input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Repetitive Coughing <input type="checkbox"/> Wheezing
HEART†	<input type="checkbox"/> Weak or Thready Pulse <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Fainting <input type="checkbox"/> Pale skin <input type="checkbox"/> Blueness
OTHER†	_____

†Potentially life-threatening. The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life threatening situation.

PROCEDURE TO FOLLOW:

If a child has been stung or has a severe allergic reaction, personnel will immediately administer:

Epinephrine: inject intramuscularly EpiPen® EpiPen Jr® Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____
medication / dose / route

Other: give _____
medication / dose / route

Asthma Inhaler: _____
medication / dose / route

Give both the EpiPen® and the _____ medication simultaneously. Yes No

Give _____ medication and observe for _____ minutes. However if anaphylactic symptoms (as indicated above) occur give the EpiPen

Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

IF AN EPIPEN® HAS TO BE ADMINISTERED:

1. **Call 911.** Notify them that the child has been given epinephrine for a possible anaphylactic reaction.
2. Call parents
3. Copy Emergency Card
4. Keep child lying down with feet elevated. Keep warm. Ensure adequate airway. Child may become drowsy following medication.
5. **IF BREATHING STOPS AT ANY TIME DURING PROCEDURE, INITIATE RESCUE BREATHING IMMEDIATELY.**
IF BREATHING AND PULSE STOPS, INITIATE CPR IMMEDIATELY.
6. Stay with student until paramedics arrive. If parents are unavailable, a staff member will accompany student to hospital with copy of the Emergency Card. **Remain with the student until parents arrive.**

**Parent must provide 2 epinephrine injectors which will not expire during the current school year
1 to be carried by the student, 1 to be kept in the health office.**

Emergency Contacts:

Parent Name _____ Home Ph: _____ Cell: _____
Work _____ Other _____

Other Emergency Contact: _____ Phone: 1 _____ 2 _____

Parent / Guardian Signature (Required) _____ Date _____

Physician Signature (Required) _____ Date _____