

**Mifflin County School District
Allergy Action Plan**



Student's Name: _____ D.O.B: _____ Teacher: _____

SEVERE ALLERGY TO: Insects Latex Food/Other _____

Asthmatic Yes No

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during an anaphylactic reaction.

Date of Last Reaction _____ Was epinephrine given? Yes No Symptoms _____

◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>	
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Adrenaclick® 0.3mg Adrenaclick® 0.15 mg
Twinject® 0.3 mg Twinject® 0.15 mg

(See reverse side for instructions)

Antihistamine: give _____
medication/dose/route

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Parent _____ Phone Number: _____

3. Emergency contacts
Name/Relationship Phone Number(s)
a. _____ 1.) _____ 2.) _____
b. _____ 1.) _____ 2.) _____

It is medically necessary for this student to carry epinephrine during school hours. YES NO

Doctor's Printed Name _____ Phone Number _____

Doctor's Signature _____ Date _____

Signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician if necessary.

Parent/Guardian's Signature _____ Date _____

IF PARENT/GUARDIAN CANNOT BE REACHED, SCHOOL STAFF SHOULD NOT HESITATE TO MEDICATE CHILD OR HAVE CHILD TRANSPORTED TO MEDICAL FACILITY!

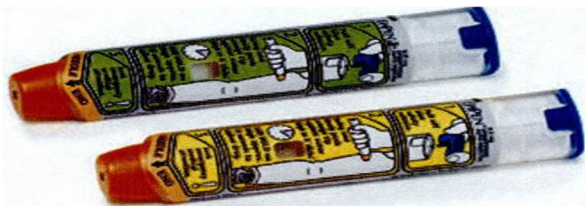
TRAINED STAFF MEMBERS

1. ___ Room _____

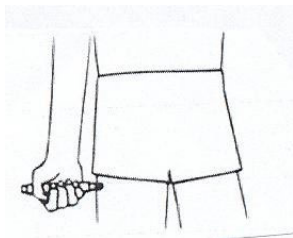
2. ___ Room _____

3. ___ Room _____

EpiPen® and EpiPen® Jr. Directions:
Pull off blue activation cap.



Hold orange tip near outer thigh
(always apply to thigh).



Place orange tip firmly against 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.

Adrenaclick® 0.3 mg, Adrenaclick® 0.15 Mg, Twinject® 0.3 mg, and Twinject® 0.15 Directions:



Remove green or yellow caps labeled "1" and "2."

Place rounded red tip against outer thigh. Press down hard until needle penetrates thigh. Hold for 10 seconds, then remove the auto-injector.

SECOND DOSE ADMINISTRATION:

- If symptoms don't improve after 10 minutes, administer a second EpiPen® auto-injector or, a second Adrenaclick® auto-injector, or a second Twinject® auto-injector (Only the first dose of epinephrine in the Twinject® will be used. A second Adrenaclick®, EpiPen®, or Twinject® syringe must be provided by the parent.)
- Once EpiPen®, Adrenaclick®, or Twinject® is used, call the Rescue Squad. Send the used unit with patient to the Emergency Room. Patient should plan to stay for observation at the Emergency Room for at least four hours.

Mifflin County School District
Severe Allergy Individual Health Care Plan (IHCP)

Place Child's
Picture
Here

Student's Name _____ Grade _____

Teacher's Name _____ Lunch Time _____

Classroom

- Any food given to student must be approved by parent
- Alternative food will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects involving food should be reviewed by the parent and the teaching staff.
- Middle school or high school student will be making his/her own decision. YES NO

Bus

- Transportation will be alerted to student's allergy.
- This student has a physician's order to carry epinephrine on bus: YES NO
 - Epinephrine can be found in: backpack waist pack other (specify)_____
- Student will sit at front of bus: YES NO

Field Trip Procedures

- Parent should be notified early in the planning to address any risk of allergen exposure.
- Epinephrine should accompany student during any off campus activity.
- The elementary student should remain with the teacher during the entire field trip.
- Middle school/high school student should remain with the teacher during the entire field trip. YES NO

Cafeteria

- Cafeteria manager and attendant will be alerted to the student's allergy.
- All cafeteria tables are sanitized between classes.
- Cafeteria tables where food allergic students eat will be cleaned to eliminate food allergens.
 - Student will sit at a specified allergy table. YES NO
 - Student will sit at the classroom table at a specified location. YES NO
 - NO** restrictions where student may sit in the cafeteria. YES NO
- Cafeteria menu is available online and monthly from the school newsletter.
- Parents are encouraged to make food choices from the menu.
- Complete list of menu ingredients can be accessed through the Food Services web site.

My child's severe allergy concerns require a meeting with school staff to discuss the classroom care plan.

Additional accommodations will be discussed at this time and added to the IHCP.

Parent's Signature

Date

Registered Nurse's Signature

Date

Parent Information/Parent Permission

Information about Epinephrine Procedures

- Epinephrine may only be given at school with both physician and parent/guardian signature.
- The parent/guardian must obtain a new form to be on file in the clinic for each school year or whenever there is a change in dosage or conditions under which epinephrine is administered.
- Only the auto-injector pre-measured dose of epinephrine may be given by LCPS staff members.
- Medication must be properly labeled by a pharmacist. If the physician orders include a repeat of EpiPen®, Adrenaclick®, or Twinject®, the parent must supply the school with two EpiPen®, two Adrenaclick®, or two Twinject® auto-injectors.
- Medication must be delivered to the school by the parent/guardian unless the student has permission to carry the medication.
- A parent is to collect any unused medication within two days after the expiration of the physician's order or on the last day of school. Medication not claimed within that period shall be destroyed.
- For students who have an epinephrine auto-injector at school, please notify the teacher/ sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10 and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine."

Parent signature gives permission for principal's designee to administer prescribed medicine and to contact physician if necessary.

Parent/Guardian's Signature Required

Date

For Students Using Twinject®

*I understand that Loudoun County personnel will only use the first auto-injector dose of Twinject®. I have also been asked to provide **two Twinject® auto-injector doses of epinephrine** to my child's school in case more than one dose is needed.*

Parent/Guardian's Signature Required

Date

Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine

Parent:

- I give my consent for my child to self-administer and/or carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

Parent/Guardian's Signature Required

Date

Student:

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic assistant.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report it to the school nurse/health clinic assistant or another appropriate adult if the nurse/health clinic assistant is not available so that EMS is called.

Student's Signature Required

Date

(Physician must also sign that student should carry epinephrine at school on the Physician Order/Care Plan for Severe Allergy 11:10.)

Number of epinephrine auto-injectors received: 1 ___ 2 ___ 3 ___

Signature of staff / date: _____