

Colorado Allergy and Anaphylaxis Emergency Care Plan and Med Order

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

School: _____ Classroom: _____

Allergic to: _____

Allergy History: _____



Asthma: YES (higher risk for severe reaction) – see asthma care plan
 NO

◇ STEP 1: TREATMENT ◇

SEVERE SYMPTOMS: Any of the following:

LUNG: Short of breath, wheezing, repetitive cough
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Swelling of the tongue and/or lips
 HEART: Pale, blue, faint, weak pulse, dizzy
 SKIN: Many hives over body, widespread redness
 GUT: Vomiting or diarrhea (moderate - severe)
 OTHER: Feeling something bad is about to happen, Confusion, agitation



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911.
3. Adult stays with child at all times.
4. Call Parent/Supervisor/School Nurse
5. If symptoms don't improve - give 2nd dose of epinephrine if ordered below.
6. Keep child sitting on floor or lying down. If vomiting or breathing is difficult, put student on their side.
7. Give Antihistamine or Asthma Inhaler if prescribed below.
8. Do not have child take any liquids by mouth if breathing is difficult.

MILD SYMPTOMS ONLY:

NOSE: Itchy, runny nose, sneezing
 SKIN: A few hives, mild itching
 GUT: Mild nausea/discomfort



1. Stay with child and alert supervisor and parent.
2. GIVE ANTIHISTAMINE if prescribed below.
3. If two or more mild symptoms present and child appears in distress give EPINEPHRINE and follow severe symptoms treatment 1 - 8 above.

MEDS: Epinephrine Auto Injector: inject into thigh muscle (check dose) 0.3 mg 0.15 mg 0.10 mg
 if symptoms do not improve in _____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given

Antihistamine (brand and dose) _____

Asthma Rescue Inhaler (brand and dose) _____

Provider Name (print) _____ Phone: _____

Provider's Signature: x _____ Date: _____

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship Phone Numbers:

a. _____	1)	2)	
b. _____	1)	2)	

Yes or No (circle one) Student has been instructed and can carry and self-administering own medication?

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/Guardian signature x _____

Date: _____

School Nurse signature _____

Date: _____

Student Name: _____ DOB: _____

Staff trained and delegated to administer emergency medications in this plan:

1. _____ Room _____

2. _____ Room _____

3. _____ Room _____

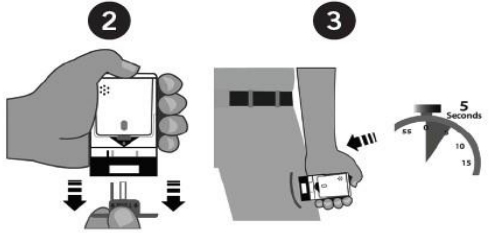
Self-carry contract on file: Yes No

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



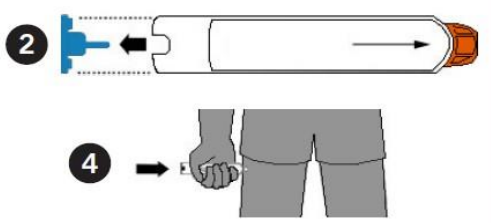
ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



If this conditions warrents meal accomodations from food service, please complete the form for dietary disability if required by district policy.

Additional information: _____

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017