## SCHOOL EMERGENCY PLAN - INSECT STING / FOOD ALLERGY

Health Care Provider to complete all areas in italics above dotted line

Student:	Birth date:	
Allergy:		
In this student, an insect sting or ingestion of an allergy proceeds to a severe, life-threatening reaction. Any susmonitoring and immediate treatment of symptoms as supposed to the street of the symptoms as supposed to the symptoms are supposed to the symptoms and the symptoms are supposed to the symptoms and the symptoms are supposed to the symptoms are symptoms.	spected or known reaction requires <u>close</u> set forth below.	STUDENT PHOTO  OMS OR SEVERITY
SEVERE SYMPTOMS (one or more):	1. INJECT EPINEPHRINE IMM	EDIATELY (outer thigh)
LUNG: short of breath, wheeze, repetitive cough  HEART: pale, blue, faint, weak pulse, confused THROAT: tight, hoarse, trouble breathing or swallowing  MOUTH: swelling of tongue or lips  SKIN: many hives over body, facial swelling GUT: vomiting, cramping pain, nausea  MILD SYMPTOMS ONLY (one or more):	2. Always call 911 after giving 3. Have child lie on back with j 4. Stay with student and moni 5. Alert parents. 6. For worsening symptoms, g after 5 minutes; for persiste second dose of epinephrine	epinephrine. feet raised. tor closely. ive second dose ent symptoms, give
MOUTH: itchy mouth SKIN: a few hives* around mouth/face; mild itch GUT: mild nausea/discomfort *raised, itchy bumps that appear suddenly	2. Contact parent to pick up stuches closely until parent arrives.  3. IF SYMPTOMS PROGRESS, IN	ident. Monitor
This student is at very high risk of experiencing a seven  Give EPINEPHRINE immediately for any symptom for Give EPINEPHRINE immediately, even if no symptom This student also has asthma. In addition to emerge Give rescue inhaler (type)  MEDICATION(S) MUST BE AVAILABLE TO STUD	ollowing an insect sting or ingestion of ns, following an insect sting or ingestion of nency medications: ; (dose)	for any symptoms.
Signature of Health Care Provider Date	Phone Hospital	
I give my permission to the nurse or delegate(s) to administer medic Care Provider as indicated on my child's School Emergency Plan - Foo my child's Health Care Provider regarding health and safety in the so	od Allergy. I also give my permission to the school nur	se to communicate with
Signature of Parent/Legal Guardian Date	Phone Alternate	
Emergency contact name / relationship / phone Emergency contact name / relationship / phone		A A A A A A A A A A A A A A A A A A A

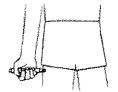
TRAINED STAFF MEMBERS		
1		
2	Room	
3	Room	

## EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



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



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. Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



## **SECOND DOSE ADMINISTRATION:**

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

