

ALLERGY PROTOCOL

Student: _____ DOB: _____

ALLERGY TO: _____

Usual Reaction: _____

Asthmatic? Yes * (High Risk for severe reaction.) No
Epi-Pen at school? Yes No Where? _____

SIGNS OF AN ALLERGIC REACTION

MOUTH itching & swelling of the lips, tongue, or mouth
THROAT * **itching and/or sense of tightness in the throat, hoarseness, and hacking cough**
SKIN hives, itchy rash, and/or swelling about the face or extremities
GUT nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG * **shortness of breath, repetitive coughing, and/or wheezing**
HEART * **“thread” pulse, “passing-out”**

The severity of symptoms can quickly change. * All above * symptoms can potentially Progress to a life-threatening situation!

ACTION :

1. If bee sting / food contact is suspected and symptoms are mild give _____.
(medication, dose, route)
And do: _____.
2. Observe for 15 – 30 minutes. Do not leave unattended.
3. Call parent.
4. If symptoms worsen or above * are present:
 - **Administer EPI-PEN** per protocol – send pen with EMT. Epi-pen provided by parent.
 - **Call 911 and Parent / emergency contact.**
 - **Begin CPR for absent breathing and/or pulse.**

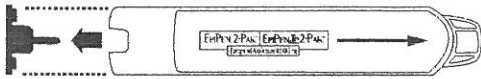
**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911
EVEN IF PARENTS OR EMERGENCY CONTACT CANNOT BE REACHED**

Parent Signature Date Reviewed (initial/date) _____

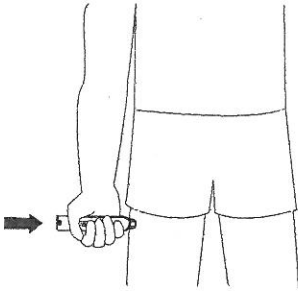
<u>EMERGENCY CONTACTS</u>	<u>TRAINED STAFF MEMBERS</u>
Name _____	1. _____ Room _____
Phone _____	2. _____ Room _____
Name _____	
Phone _____	

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

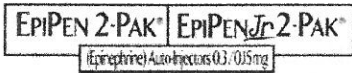
- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



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



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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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.



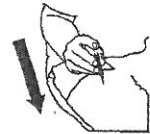
SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

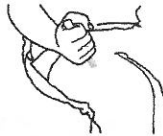
Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
Parent/Guardian: _____

Phone: () - _____
Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
Name/Relationship: _____

Phone: () - _____
Phone: () - _____