

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

- [] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
 [] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

Wrentham Public Schools ~ Nursing Department

ALLERGY UPDATE for School Year 2017-18

Student's Name:	Grade/Teacher:
Allergen(s):	Emergency Contact/Phone:

Date of last allergic reaction:_____ Has your child had an anaphylactic reaction requiring an EpiPen? Yes No
 If yes, provide date EpiPen was last administered:_____

Symptoms/Timing of reaction: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Rash/Hives/Itching | <input type="checkbox"/> Nausea/Vomiting/Diarrhea |
| <input type="checkbox"/> Swelling of face, lips, tongue, throat, hands or feet | <input type="checkbox"/> Swelling at site of sting (for insect allergy) |
| <input type="checkbox"/> Difficulty breathing/shortness of breath/cough/wheeze | <input type="checkbox"/> Reaction happens immediately |
| <input type="checkbox"/> Dizziness or light-headedness | <input type="checkbox"/> Reaction happens after a few hours have passed |

Individual Considerations:

Bus transportation should be alerted to student's allergy

- This student carries Epinephrine on the bus YES NO
- If yes, Epinephrine can be found in: Backpack On Person Other _____
- Student will sit at front of bus YES NO

Field Trip Procedures: Epinephrine should accompany student during any off campus activities

- The student should remain with the teacher or parent/guardian during the entire field trip YES NO
- Epinephrine should be kept On Student With Nurse With Trained Staff Member
- Staff members on trip must be trained regarding auto-injector use and health care plan.

Classroom: The student is only allowed to eat the following foods: (Check all that apply)

- Those in manufacturer's packaging with ingredients listed and determined to be allergen free by the nurse/parent.
- Those approved by parent.
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Classroom projects should be reviewed by teaching staff to avoid specific allergens.
- Substitute Folder and Classroom Specialists Informed of Life Threatening Food Allergy.

Cafeteria: **NO Restrictions**

- Student will sit at a specified allergen safe table.
- Student will sit at the classroom table at a specified location. (e.g. end of table)
- Specified table will be cleaned according to procedure guidelines.
- Nutrition services staff will be alerted to the student's allergy.

Please be sure to bring medication to the school nurse if the reaction requires Epinephrine. Written authorization from both parent and doctor are needed to administer medication in school. You may obtain an Allergy Action Plan from your school nurse or on the school's website under "health services".

If Epinephrine is administered for anaphylaxis, 911 will be called.

Please list at least 2 other people that we may contact in case your child has an allergic reaction and we cannot reach you.

1. _____ ph# _____ (_____)
2. _____ ph# _____ (_____)

Parent/Guardian Signature

Date

Thank you for taking the time to update this information. Please return this form to your school nurse as soon as possible.

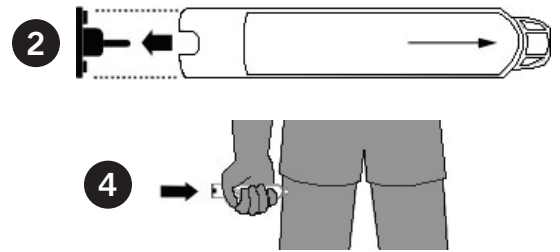
Kerry Richardson, R.N., B.S.N.
 Delaney School
 508-384-5430 x1050
richardsonk@wrenthamschools.org

Julie Cashman, R.N., B.S.N.
 Delaney School
 508-384-5430 x1050
cashmanj@wrenthamschools.org

Carly-Rae Akrouche, R.N., B.S.N.
 Roderick School
 508-384-5435 x3050
akrouchec@wrenthamschools.org

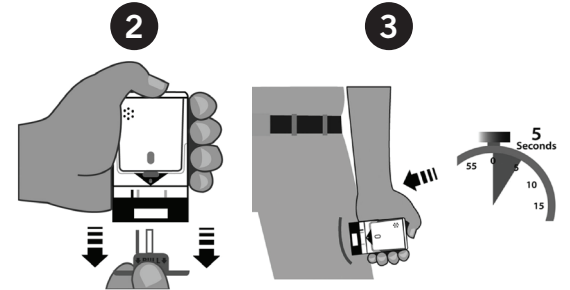
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



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®/ADRENACLICK® GENERIC 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 penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____