LEXINGTON PUBLIC SCHOOLS PHOTO MAY BE

Lexington, Massachusetts

School Year 2018-2019 PLACED HERE

ANAPHYLAXIS EMERGENCY ACTION PLAN



**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:**\_\_\_\_\_\_**DOB**:\_\_\_\_\_\_\_\_

**Life-Threatening Allergy to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma: □** **Yes (higher risk for severe reaction) □ No**

**Additional health problems besides anaphylaxis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concurrent medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of last allergy testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last allergic reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contacts –PLEASE CIRCLE BEST NUMBER TO TRY FIRST:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms of Anaphylaxis *some symptoms can be life-threatening. ACT FAST!***

**MOUTH itching, swelling of lips and/or tongue**

**THROAT itching, tightness/closure, hoarseness**

**SKIN itching, hives, redness, swelling**

**GUT vomiting, diarrhea, cramps**

**LUNG shortness of breath, cough, wheeze**

**HEART weak pulse, dizziness, passing out**

**TO BE COMPLETED BY PRIMARY CARE PROVIDER - EMERGENCY STEPS**

**1. Inject epinephrine in thigh using (check one): □ Epinephrine Jr (0.15 mg) □ Epinephrine (0.3 mg)**

**2. Call 911 before calling parent/guardian contact**

**Antihistamines alone may be given for mild symptoms to a student with a known LTA, but only when ordered by a board certified allergist. Mild symptoms to be treated:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The prophylactic administration of antihistamines such as Benadryl for anaphylaxis is not advised. There is no evidence that antihistamines are protective, and they may delay the administration of epinephrine, which can be lifesaving!*** Simons, F.E.R. First-aid treatment of anaphylaxis to food: Focus on epinephrine. J Allergy Clin Immunol. 113:837, 2004.

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The student has been instructed and may self-administer epinephrine: □ Yes □ No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Provider Printed Name Signature Phone Number**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT PLEASE COMPLETE BACKPAGE**

Dear Physician and Parents/Guardians:

A backup dose of epinephrine should be kept in the middle and elementary school health room at all times. In the elementary school setting, arrangements can be made for epinephrine to be kept in appropriate locations per the Emergency Care Plan. The student’s epinephrine will be sent on all field trips at the elementary and middle school level. In the high school, students will be responsible for carrying their own epinephrine. **Please note diphenhydramine will not be sent on field trips per DPH regulations.**

In Lexington, Emergency Medical Services are activated by a call to 911**. In the case of an emergency, the Lexington Fire Department transports to the nearest medical facility with an ED that** **is “Open” and accepting patients**. Please feel free to discuss an Emergency Medical Plan, or medical situation such as life threatening allergies with the Paramedic Team of the Lexington Fire Department.

Anaphylaxis Emergency Action Plans and updates may be submitted throughout the year with medication and/or treatment plan changes.

I have read and reviewed the Anaphylaxis Emergency Action Plan formulated by my child’s primary care provider. I agree it be placed on file as a part of my child’s school health record and the necessary information be shared with my child’s teachers and staff. I consent to have my child’s LTA posted as a Medical Alert in the electronic student record for staff viewing. I agree my child may self administer epinephrine if approved by the school nurse. I also give permission for my child’s school nurse to contact the primary care provider or allergist if further information or clarification is needed regarding my child’s life threatening allergy and the care of my child as stated in this plan. I also give consent for a non-licensed staff member to administer epinephrine if needed. I understand that if my child accidentally ingests the allergen and develops a symptom, my child will be given the epinephrine and go to the hospital unless otherwise directed by the allergist.

**For elementary students, please complete**:

**I request my student sit at a nut/peanut-free table in the cafeteria □Yes □No**

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Parent or guardian signature Date

I have reviewed the above plan and have incorporated it into the student’s individual health care plan.

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School Nurse Date