



# MANHEIM TOWNSHIP SCHOOL DISTRICT

## Health Services

### Allergy and Anaphylaxis Emergency Plan

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Child has allergy to: \_\_\_\_\_

- Child has asthma.  Yes  No
- Child has had anaphylaxis  Yes  No
- Child may carry medicine  Yes  No
- Child must sit at a peanut free table.  Yes  No
- Child may give themselves medicine  Yes  No (If child refuses/is unable to self-treat, an adult must give the medicine.)

#### Important Reminder

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

<p><b>For Severe Allergy and Anaphylaxis →→→→</b></p> <p><b>What to look for:</b> If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak Pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe of combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of “doom,” confusion, altered consciousness, or agitation</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> <b>SPECIAL SITUATION:</b> If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s) _____. Even if child has MILD symptoms after a sting or eating these foods, <b>give epinephrine.</b> </div>	<p><b>Give Epinephrine!</b></p> <p><b>What to do:</b></p> <ol style="list-style-type: none"> <li>1. Give epinephrine right away! Note time when epinephrine is given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>○ Ask for ambulance with epinephrine.</li> <li>○ Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>○ Call parents and child's doctor</li> <li>○ Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>○ Keep the child lying on back. If the child vomits or has trouble breathing, keep the child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>○ Antihistamine</li> <li>○ Inhaler/bronchodilator</li> </ul> </li> </ol>
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<p><b>For Mild Allergic Reaction</b></p> <p><b>→→→→→→→→→→</b></p> <p><b>What to look for:</b> If child has had mild symptoms, <b>monitor child.</b> Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b></p> <p><b>What to do:</b> Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor</li> <li>• If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See “For Severe Allergy and Anaphylaxis.”)</li> </ul>
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#### Medicine/Doses

Epinephrine (list type): \_\_\_\_\_

Intramuscular: \_\_\_ 0.15 mg or \_\_\_ 0.3 mg OR Intranasal: \_\_\_ 1 mg \_\_\_ 2 mg

\*\*If more than one epinephrine is selected, then either one can be used.

Antihistamine, by mouth (type and dose) \_\_\_\_\_

Other (bronchodilator if child has asthma) \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_