

Office of the School Nurse

ANAPHYLATIC EMERGENCY INFORMATION

Name of Student: _____ **Date:** _____

Teacher(s): _____ **Grade:** _____

Name of Parents:

Sponsor: _____ Duty #: _____
Spouse: _____ Duty #: _____
Home #: _____ Cell #: _____

Email Address: _____

Emergency Contact:

Name: _____ Day Phone #: _____
Address: _____ Alt. Phone #: _____

ALLERGEN: _____

Previous response to allergen: _____

EMERGENCY PLAN OF ACTION:

Monitor student for signs of anaphylaxis under direct observation for 30 minutes.

a. Sneezing, wheezing or coughing.	i. Dizziness and /or fainting.
b. Shortness of breath or tightness of chest: difficulty in or absence of breathing.	j. Involuntary bowel or bladder emptying.
c. Itching, with or without hives, raised red rash in any area of body.	k. Sense of impending disaster.
d. Difficulty swallowing.	l. Rapid or weak pulse.
e. Swelling of eyes, lips face, tongue, throat or elsewhere.	m. Skin flushing or extreme paleness.
f. Hoarseness	n. Burning sensation, especially face or chest.
g. Sweating and anxiety.	o. blueness around lips, inside lips, eyelids.
h. Nausea, abdominal pain, vomiting, and diarrhea	p. Loss of consciousness.

For anaphylactic reaction:

1. Administer epinephrine per medical orders: DOSAGE: _____

Type of Kit: _____ Epi-Pen Jr. _____ Epi-Pen _____ Ana Kit

Expiration Date: _____

Location of Kit in school: _____

2. Delegate notification of:

Principal by: _____

Parent by: _____

Medical Emergency Services by: _____

3. For absent breathing/pulse, initiate CPR Monitor pulse, respiration, blood pressure until arrival of EMS (every 5 minutes until stable, then every 15 minutes)

4. If anaphylaxis is result of insect sting and stinger is present, scrape or flick it off with fingernail, plastic card, etc.

Staff in-service on use of epinephrine:

1. **Date of in-service:** _____

2. **Signature /Title of person providing in-service:**

Signature of persons receiving in-service:

3. **Designated order of staff to administer epinephrine:**

#1 _____

#2 _____

#3 _____

#4 _____

Follow-up after use of Epinephrine:

1. All observations, notification and documentation, signed and placed in student's record.
2. Properly dispose of needles in a sharps container.
3. Parents notified to replace medicines used.
4. Meet with all personnel involved. Plan update as necessary.

School nurse should review procedure on an annual basis. Physician orders must be renewed annually. Time, date and signature of the person administering the medication must be on file.
