

LISD Allergy Action Plan for Elementary Students

Place
Student's
Picture
Here

Name: _____ D.O.B ____/____/____

Campus: _____ Grade: _____ Teacher _____

Severe Allergy to: _____

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

Student history and warning signs: _____

MILD SYMPTOMS	
Skin:	a few hives, mild itching
Mouth:	itchy mouth
Stomach:	mild nausea or discomfort
Nose:	itchy, runny nose, sneezing

SEVERE SYMPTOMS	
Skin:	many hives all over, redness, swelling of face, eyes, or lips
Lung:	short of breath, wheezing, repetitive cough
Throat:	tight, hoarse, trouble breathing or swallowing
Mouth:	swelling of tongue and/or lips
Stomach:	vomiting, diarrhea, severe cramping
Heart:	pale, blue, faint, weak pulse, dizzy, confusion, loss of consciousness
Others:	anxiety, feeling bad, or feeling of impending doom

TREATMENT PLAN

(TWO CHOICES – PLEASE CHECK ONLY ONE):



Plan 1: For MILD SYMPTOMS:

Mild symptoms from MORE THAN ONE BODY AREA (skin, mouth, stomach, or nose) are TREATED AS SEVERE SYMPTOMS!!! Give EPINEPHRINE.

Mild Symptoms from a single body area:

1. Give *Antihistamine* if ordered.
2. Stay with student and monitor for worsening symptoms.
3. If symptoms progress, USE EPINEPHRINE (treat as SEVERE symptoms).
4. Contact parent.

For SEVERE SYMPTOMS:

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911.
3. Give *Antihistamine* and then Inhaler if ordered (and not already used).
4. 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.
5. If symptoms do not improve, or return, more epinephrine may be needed. See order if you need to repeat the dose and when dose is to be repeated.
6. Contact parent.

OR

Plan 2: Give Epinephrine immediately for ANY symptoms *if the allergen was likely eaten*:

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911.
3. Give *Antihistamine* and then Inhaler if ordered.
4. 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.
5. If symptoms do not improve, or return, more epinephrine may be needed. See order if you need to repeat the dose and when dose is to be repeated.
6. Contact parent.

ORDERED MEDICATIONS AND DOSES

Antihistamine Brand:

- Benadryl or Diphenhydramine
 Other: _____

Antihistamine Dose:

- 12.5 mg 18.75 mg 25 mg
 31.25 mg 37.5 mg 43.75 mg
 50 mg

Nurses Notes: _____ mg = _____

EPINEPHRINE Dose:

- 0.15 mg IM 0.3 mg IM

EPINEPHRINE Brand:

- EpiPen Auvi-Q

If not improved, give second dose of Epinephrine in _____ minutes.

Student will not have second dose of Epinephrine at school. _____ Parent's Initials

Inhaler or Other

(e.g., inhaler-bronchodilator if asthmatic):

Brand: _____

Dosage: _____ Route: _____

Frequency: _____

Indication for use: _____

I request and authorize Lewisville ISD personnel to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer the medications. This form is valid for one school year. Physician must be licensed to practice in Texas. Temporary (2 months) orders for out of state US Physicians are acceptable to initiate treatment for transf students. A signature is required to authorize the registered nurse and the prescribing physician to discuss and/or clarify the medication order and the student's response to the treatment plan. Elementary students are not permitted to transport medications. Unused medications not picked up at the end of the school year will be disposed of properly.

Physician Signature: _____ Printed Name: _____
 Date: _____ Office #: _____ Fax #: _____
 Address: _____

Parent Signature: _____
 Date: _____

Student Name: _____

D.O.B. _____

Severe Allergy To: _____

TREAT STUDENT BEFORE CALLING EMERGENCY CONTACTS

The first signs of a reaction can be mild, but symptoms can get worse quickly

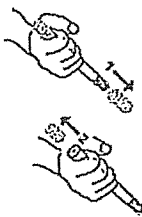
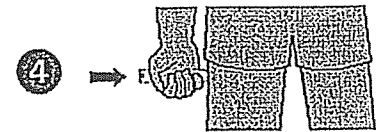
THIS SIDE OF FORM TO BE COMPLETED BY SCHOOL NURSE

WHEN THIS HAPPENS	DO THIS

*** WHEN ADMINISTERING TO A YOUNG CHILD HOLD THE LEG FIRMLY IN PLACE ***

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

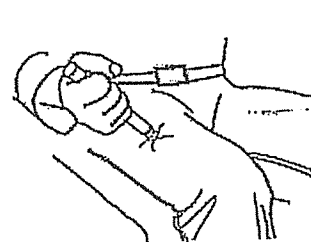
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 3 seconds.
5. Remove and massage the area for 10 seconds.



- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the Adrenaclick from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

Epinephrine Auto-Injector Directions



Get emergency medical help right away: Call 911.

Emergency Contacts – CALL 911 FIRST

Rescue Squad: 911

Parent/Guardian: _____

Phone: _____

Other Emergency Contact: _____

Phone: _____

Doctor: _____

Phone: _____

Staff Trained on Student's Allergy Action Plan Name & Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Campus Nurse Signature

Date