

ANAPHYLAXIS ACTION PLAN

Hillsborough City School District
300 El Cerrito Avenue, Hillsborough CA 94010
(650) 342-5193 • FAX (650) 342-6964

School Year: _____

School: _____

School Fax: _____



Student Name: _____

DOB: _____ Asthma: YES NO

List all allergies: _____

PARENT – MUST PROVIDE 2 EPINEPHRINE AUTO-INJECTORS, WHICH WILL NOT EXPIRE DURING THE SCHOOL YEAR; 1 TO BE CARRIED BY STUDENT OR KEPT IN RED DISASTER BACKPACK, AND 1 TO BE KEPT IN THE HEALTH OFFICE.

I request that my child be allowed to take medication at school according to instruction from his physician. I understand it is my responsibility to bring the medication in the original pharmacy container labeled with student name, medication, dosage and directions (Ed Code 49423). I authorize school personnel to assist with this medication for my child as ordered by the physician. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480).

I consent to communication and exchange of information between HCSD staff and my Health Care Provider.

Parent/Guardian Signature Date Phone Cell

This form must be renewed annually, and when there is any change in treatment or medication during the school year.

PHYSICIAN – Complete medication list below and CIRCLE all that apply.

Epinephrine Injector CIRCLE DOSE: Epipen/AuviQ 0.15 mg Epipen/AuviQ 0.30 mg

A SECOND DOSE OF EPINEPHRINE MAY BE GIVEN 10-15 MINUTES AFTER THE FIRST DOSE, IF SYMPTOMS PERSIST OR RECUR. YES NO

*Antihistamine Give by mouth CIRCLE DOSE: BENADRYL (Diphenhydramine): 12.5 mg=5ml 25 mg=10ml 37.5 mg=15ml
Other: _____

*Inhaler: CIRCLE TYPE: Albuterol or Levalbuterol CIRCLE DOSE: 2 puffs or 4 puffs every _____ hours

If this box is checked, give epinephrine immediately, if the allergen was definitely eaten, even if there are no symptoms.

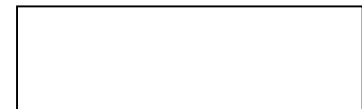
SEVERE SYMPTOMS	ACTION
Any SEVERE SYMPTOMS after Suspected Ingestion/Exposure: <i>One or more of the following:</i> <ul style="list-style-type: none"> • LUNG: Difficulty Breathing, Audible Wheezing, Difficulty Talking • HEART: Pale, Blue, Faint, Dizzy, Confused, Weak Pulse • THROAT: Tight, Hoarse, Trouble Breathing/Swallowing • MOUTH: Significant Swelling of Tongue and Lips • SKIN: Many Hives over Body, Widespread Redness • G.I.: Repetitive Vomiting or Severe Diarrhea • OTHER: Feeling something bad is about to happen, anxiety, confusion OR a combination of mild or severe symptoms from different body areas	<ol style="list-style-type: none"> 1. INJECT EPINEPHRINE IMMEDIATELY 2. CALL 911 3. BEGIN MONITORING (SEE BOX BELOW) 4. GIVE ADDITIONAL MEDICATIONS IF ORDERED ABOVE*. <p>*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE</p>

MILD SYMPTOMS ONLY	ACTION
Any MILD SYMPTOMS only: <ul style="list-style-type: none"> • MOUTH: Itchy Mouth • NOSE: Itchy, Runny Nose, Sneezing • SKIN: A Few Hives, Mild Itch • G.I.: Mild Nausea, Discomfort 	<ol style="list-style-type: none"> 1. GIVE ANTHISTAMINE 2. Stay With Student; Alert Office and Parent/Emergency Contacts. 3. IF SYMPTOMS BECOME SEVERE, SEE ABOVE, USE EPINEPHRINE AND CALL 911. 4. Begin Monitoring (see box below).

MONITORING
<ol style="list-style-type: none"> 1. Stay with student. 2. Tell paramedic Epinephrine was given, note time. If a second dose is given, note time. 3. For a severe reaction: KEEP STUDENT HORIZONTAL – LEGS RAISED – TURN ON SIDE IF NAUSEOUS. 4. A second dose of Epinephrine may be given 10-15 minutes after the first dose, if checked above. 5. If breathing stops at any time during the procedure initiate CPR immediately.

Physician Signature
()

Date



Phone

Fax