Sisu

INDIVIDUALIZED LIFE THREATENING ALLERGY EMERGENCY ACTION PLAN

Student's Name:		DOB:	Classroom:	Effective Date:
ALLERGY TO:				
ASTHMATIC	Yes * NO_ SIGN	*High ris		
		circle symptoms appro		
Systems:	Symptoms:	7 1 11	,	
Mouth	Itching, tingling or swelling of the lips, tongue, or mouth			
Throat *	Itching and/or tightening of throat, hoarseness, hacking cough			
Skin	Hives, itchy rash, swelling about the face or extremities			
Lung *	Shortness of breath, repetitive coughing, wheezing			
Heart *	Weak or thready pulse, low blood pressure, fainting, paleness, blueness			
• Gut	Nausea, vomiting	g, abdominal cramps, o	liarrhea	
*	Potentially Life Thro	eatening. The severi	ty of symptoms can	quickly change.
		40men 1 mne A		
Enimonhuino, ini		STEP 1: TREA		0.15 EniDon Issaios
Epinephrine: mj	ect intramuscularly (ci			0.15mg EpiPen Junior® 0.15mg Twinject®
Antihistamine o	ive Benadryl	by mouth immed	ing I winject® istely	_0.13mg 1 winject®
	Dosage	e		
Other(e.g., inhaler-l	oronchodilator if asthmat	tic):		
Special Instructions	-			
~ ~		STEP 2: EMERGEN	CY CALLS▶	
Call School Nurs	_	44. 11.1		
	Medical Services: 9-	1-1 immediately		
Call: Parent/Gua			(DI	
Call. Danant/Cus	(Name) ardian		(Phone)	,
Can: Parent/Gua	(Name)		(Phone	
	(1,000)		(2 110110)	,
*Possible side eff	ects of Epinephrine:	Palpitations, tachyca	rdia (rapid heart beat)), sweating, nausea, vomiting,
breathing difficult	ties, pale skin color, di	izziness, weakness, tre	mor, headache, anxie	ety, apprehension and
nervousness.				
*Stay with child	until emergency help	arrives – position cl	nild on left side.	
DO NOT HESIT	ATE TO ADMINIST	FER MEDICATION	OR CALL EMER	CENCV MEDICAL
	EN IF PARENTS CA			JENCT WEDICAL
Physician Signat	ure:			Date:
Parent Signature):			Date:
School Nurse Sig	nature:			Date:

^{*}All students <u>must</u> be transported to Northeast Georgia Medical Center by Emergency Medical Services (EMS) after receiving Epinephrine.*