

## Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Place child's  
photo here

ALLERGY TO: \_\_\_\_\_

HISTORY: \_\_\_\_\_

Asthma: ☐ YES (higher risk for severe reaction) – refer to their asthma care plan  
☐ NO

### ◇ STEP 1: TREATMENT ◇

#### SEVERE SYMPTOMS: Any of the following:

LUNG: Short of breath, wheeze, repetitive cough  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Swelling of the tongue and/or lips  
HEART: Pale, blue, faint, weak pulse, dizzy  
SKIN: Many hives over body, widespread redness  
GUT: Vomiting or diarrhea (if severe or combined with other symptoms)  
OTHER: Feeling something bad is about to happen, Confusion, agitation

#### MILD SYMPTOMS ONLY:

NOSE: Itchy, runny nose, sneezing  
SKIN: A few hives, mild itch  
GUT: Mild nausea/discomfort

#### 1. INJECT EPINEPHRINE IMMEDIATELY

##### 2. Call 911

- Ask for ambulance with epinephrine
- Tell EMS when epinephrine was given

##### 3. Stay with child and

- Call parent/guardian and school nurse
- If symptoms don't improve or worsen give second dose of epi if available as instructed below
- Monitor student; keep them lying down. If vomiting or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinephrine. **USE EPINEPHRINE**

##### 1. Stay with child and

- Alert parent and school nurse
- Give antihistamine (if prescribed)

2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

**DOSAGE: Epinephrine:** inject intramuscularly using auto injector (check one): ☐ 0.3 mg ☐ 0.15 mg

☐ If symptoms do not improve \_\_\_\_\_ minutes or more, or symptoms return, 2<sup>nd</sup> dose of epinephrine should be given if available

**Antihistamine:** (brand and dose) \_\_\_\_\_

**Asthma Rescue Inhaler** (brand and dose) \_\_\_\_\_

Student has been instructed and is capable of carrying and self-administering own medication. ☐ Yes ☐ No

Provider (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency contacts: Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

#### DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Staff trained and delegated to administer emergency medications in this plan:**

- |          |            |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

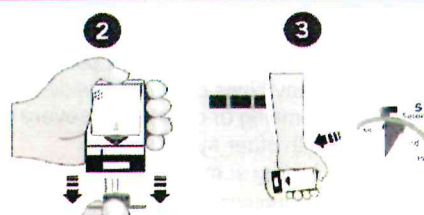
Self-carry contract on file: ☐ Yes ☐ No

Expiration date of epinephrine auto injector: \_\_\_\_\_

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

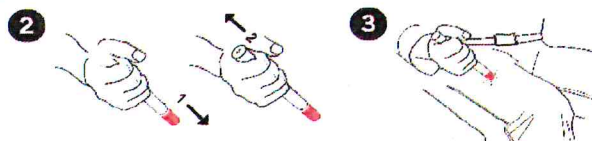
**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



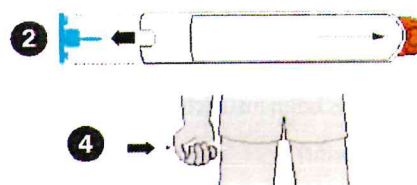
**ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



**EPIPEN® AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



If this conditions warrents meal accomodations from food service, please complete the form for dietary disability if required by district policy.

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017



<b>Student's Name: Last</b>				<b>First:</b>				<b>DOB:</b>				
<b>School:</b> PPSEL		<b>Medication:</b>			<b>Dosage:</b>		<b>Route:</b>		<b>Time:</b>			
<b>Name of RN (please print):</b>					<b>Signature of RN:</b>			<b>Date:</b>		<b>Initials:</b>		
<b>Delegatee's Name (Please Print)</b> Kyle, Savannah					<b>Delegatee's Signature</b>				<b>DATE</b>			

Aug	Mon 5	Tues 6	Weds 7	Thurs 8	Fri 9	Mon 12	Tues 13	Weds 14	Thurs 15	Fri 16	Mon 19	Tues 20
2019												
Weds 21	Thurs 22	Fri 23	Weds 22	Thurs 23	Fri 24	Mon 26	Tues 27	Weds 28	Thurs 29	Fri 30	Sept	Tues 3
											2019	
Weds 4	Thurs 5	Fri 6	Mon 9	Tues 10	Wed 11	Thurs 12	Fri 13	Mon 16	Tues 17	Wed 18	Thurs 19	Fri 20
Mon 23	Tues 24	Weds 25	Thurs 26	Fri 27	Mon 30	Oct	Tues 1	Weds 2	Thurs 3	Fri 4	Mon 7	Tues 8
						2019						
Wed 9	Thurs 10	Nov	Fri 1	Mon 4	Tues 5	Weds 6	Thurs 7	Fri 8	Mon 11	Tues 12	Weds 13	Thurs 14
		2019										
Fri 15	Mon 18	Tues 19	Weds 20	Thurs 21	Fri 22	Dec	Mon 2	Tues 3	Weds 4	Thurs 5	Fri 6	Mon 9
						2019						
Tues 10	Wed 11	Thurs 12	Fri 13	Mon 16	Tues 17	Wed 18	Thurs 19	Fri 20	Jan	Tues 7	Wed 8	Thurs 9
									2020			2019
Fri 10	Mon 13	Tues 14	Wed 15	Thurs 16	Fri 17	Tues 21	Wed 22	Thurs 23	Fri 24	Mon 27	Tues 28	Wed 29
Thurs 30	Fri 31	Feb	Mon 3	Tues 4	Weds 5	Thurs 6	Fri 7	Mon 10	Tues 11	Weds 12	Thurs 13	Fri 14
		2020										
Tues 18	Weds 19	Thurs 20	Fri 21	Mon 24	Tues 25	Weds 26	Thurs 27	Fri 28	Mar	Mon 2	Tues 3	Weds 4
									2020			
Thurs 5	Fri 6	Mon 9	Tues 10	Weds 11	Thurs 12	Fri 13	Mon 30	Tues 31	Apr	Weds 1	Thurs 2	Fri 3
									2020			
Mon 6	Tues 7	Weds 8	Thurs 9	Fri 10	Mon 13	Tues 14	Weds 15	Thurs 16	Fri 17	Mon 20	Tues 21	Wed 22
Thurs 23	Fri 24	Mon 27	Tues 28	Weds 29	Thurs 30	May	Fri 1	Mon 4	Tues 5	Weds 6	Thurs 7	Mon 11
						2020						
Tues 12	Weds 13	Thurs 14	Mon 18	Tues 19	Wed 21	Thurs 22	Weds 22					

NS = No School	ER = Early Release	FT = Field Trip	DC = Discontinued
LS = Late Start	A = Absent	OM = Out of Meds	R = Refused Meds

Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Initials: \_\_\_\_\_

