

Pulaski County Schools  
Care Plan for Allergic Reaction/Anaphylaxis  
BEE/INSECT/LATEX



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

This student may have a severe allergic reaction to: \_\_\_\_\_

**Treatment Plan: Give Checked Medication**

Symptoms:		
▪ <b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, or mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Skin:</b> Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Throat*:</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Lung*:</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Heart*:</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ <b>Other:</b>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation.

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one)    EpiPen    EpiPen Jr.    Twinject 0.3 mg    Twinject 0.15 mg

**Antihistamine:** give \_\_\_\_\_  
Medication/Dose/Route

**Emergency Plan of Care**

1. Call 911 \_\_\_\_\_. **State that an allergic reaction has been treated, and additional epinephrine may be needed.**
2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Parent \_\_\_\_\_ Phone Number (s) \_\_\_\_\_
4. Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Even if Parent/Guardian cannot be reached, DO NOT hesitate to give medication ordered or call 911.**

\_\_\_\_\_ This student has been instructed in the proper way to use his/her Epi Pen. It is my professional opinion that this student is responsible and should be allowed to carry and self administer his/her Epi Pen

\_\_\_\_\_ This student has an order for Benadryl (Diphenhydramine HCL) and has been instructed on when to use for symptoms of allergic reaction. **Student may carry only one dose for self administration.**

\_\_\_\_\_ It is my professional opinion that **this student should not carry his/her Epi Pen or antihistamine at school.** Their Epi Pen/antihistamine will be kept in the Health clinic and administered by designated trained personnel.

**IT IS RECOMMENDED THAT A SECOND EPI-PEN BE RETAINED IN THE SCHOOL CLINIC AS A BACK UP, IN THE EVENT THAT THE STUDENT DOES NOT HAVE THEIRS AT THE TIME OF THE EMERGENCY.**

**This plan of care is in accordance with the student's medical management and is to be followed at school.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Revised: May 2, 2011

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

**The following is to be completed by parent/guardian**

What symptoms does your child have after a bee, insect or latex allergy \_\_\_\_\_

\_\_\_\_\_

How many times has your child been seen in the emergency room for this condition in the last year? \_\_\_\_\_

Other comments/instructions: \_\_\_\_\_

\_\_\_\_\_

Outline a plan for when your child is riding the bus to and from school: \_\_\_\_\_

Will this student be carrying an Epi Pen\* on the bus? \_\_\_\_\_

**Parent /Guardian Consent:** I have received and approve this health and emergency care plan for my child. I authorize unlicensed trained personnel of Pulaski County Schools to administer and/or assist my child with an **Epi Pen** (epinephrine) and/or other prescribed medication as outlined in this plan in the absence of the school nurse. I understand that I am responsible for supplying any medication, supplies and/or equipment needed by my child to manage his/her allergy/reaction. I understand that the principal may rescind the privilege to carry his/her own Epi Pen if my child fails to handle the medication safely and appropriately. This health care plan can be updated at any time my child's circumstances require modifications in treatment, but will be reviewed annually. I also consent to the release of the information contained in this care plan to Pulaski County School personnel who care for my child and who may need to know this information to maintain my child's health and safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAINED STAFF MEMBERS**

1.	Location:
2.	Location:
3.	Location:

**Directions for Use of Epi Pen:**

1. **Remove gray cap**
2. **Place black tip on outer thigh**
3. **Jab firmly into outer thigh until auto-injector activates**
4. **Hold in place for several seconds**
5. **Remove injector and massage injection area for 10 seconds**
6. **Check black tip: if needle is exposed, you received the medication, if not repeat # 3-5**
7. **GO IMMEDIATELY TO THE NEAREST HOSPITAL EMERGENCY ROOM. You may need further medical treatment. Tell the physician that you have received an injection of epinephrine. Give your used Epi Pen to the physician for inspection and proper disposal.**

**Storage of Epi Pen:**

1. **Epinephrine should not be refrigerated. Refrigeration may cause unit to malfunction.**
2. **Epinephrine should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during summer.**
3. **Do not expose the Epi Pen to direct sunlight; light and heat can cause epinephrine to oxidize and go bad, turning brown. Store Epi Pen in dark place at room temperature ( 59- 86 degrees F )**
4. **Check contents of the Epi Pen regularly through the viewing window to make sure the solution is clear and colorless. If the solution is cloudy, appears pink or brown, replace the unit immediately.**
5. **Always replace your Epi Pen with a fresh unit prior to the expiration date.**
6. **Parents can get a free reminder service from- [www.epipen.com](http://www.epipen.com)**

Revised: May 2, 2011