

INSERT
PICTURE
HERE

Severe Allergic Reaction Form

Name: _____ D.O.B: _____ WGT: ___ Grade: ___ Teacher: _____

ALLERGIES TO:

Asthma: Yes – (Higher risk for sever reaction) No

Extremely reactive to the following foods: THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten

If checked, give epinephrine immediately if all allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected exposure to or known ingestion:

One or more of the following

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak, pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (eg, eyes, lips)

GUT: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring (see box below)

4. Give additional medications:*

- Antihistamine
- Inhaler (bronchodilator) if asthma

* Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a sever reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPYOMS ONLY:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

Gut: Mild Nausea/discomfort

1. GIVE ANTIHISTAMINE

2. Stay with student; alert Healthcare professionals and parents

3. If symptoms progress(see above), USE EPINEPHRINE

4. Begin monitoring (see box below)

Locations of Meds: **Office &** _____

(See next page for medication orders and further instructions)

Medications/Doses

Student may carry medications: Yes No

Epinephrine (brand and dose):

Antihistamine (brand and dose):

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

Monitoring

Stay with student, alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See attached for auto-injection technique.

Emergency Contacts:

Parent/Guardian:

Phone:

Relationship:

Parent/Guardian:

Phone:

Relationship:

Other:

Phone:

Relationship:

Nurse Comments:

I authorize the school nurse to communicate with the authorized Health Care Provider when necessary in regards to this specific medication and medical condition.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

Directions for EpiPen® and EpiPen® Jr.

First, remove the EpiPen Auto-Injector from the plastic carrying case

Pull off the blue safety release cap

Holds orange tip near outer thigh. (apply to thigh)

Swing and firmly push orange tip against outer thigh.

Hold on thigh for approximately 10 seconds, and then remove.

Directions for Twinject® 0.3 mg and Twinject® 0.15 mg

Remove caps labeled "1" and "2"

Place rounded tip against outer thigh, press down hard until needle penetrates.

Hold for 10 second, then remove

SECOND DOSE ADMINISTRATION:

If symptoms don't improve or return after 5 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.

Directions for Adrenaclick™ 0.3mg,

Adrenaclick™ 0.15 mg

Remove GREY caps labeled "1" and "2".

Place RED rounded tip against outer thigh, press down hard until needle penetrates.

Hold for 10 second, then remove