

Susquenita School District
Office of School Nurse

Dear Parent/Guardian,

According to your child's health record he/she has a documented allergy (i.e. bee sting, food, and nut). In order to be prepared for an allergy emergency during school, we request your assistance with the following:

Please

1. Meet with your child's physician to complete an Allergy Action Plan. You may use the attached Allergy Action Plan, or one provided by your child's physician.
2. If your child's allergy is no longer a current health problem – Please complete the attached PINK form.
3. Return the appropriate form to your child's school nurse. You are encouraged to talk with your child's school nurse before the school year begins and as needed – to explain your child's allergy, symptoms, and needed treatment.
4. Properly labeled emergency medication needs to be brought to the school by the parent/guardian the week before or at the start of school.
5. Prepare your child by discussing and rehearsing the Allergy Action Plan.
6. Keep the school nurse up to date on any changes with your child's allergy(s).
7. Permission to self carry epi-pen must be documented on the Allergy Action Plan and signed by physician and parent/guardian. All sections of the Allergy Action Plan still need to be completed.

While one Epi-Pen Jr. (0.15 mg) and one Epi-Pen (0.3 mg) are available for life threatening emergencies at each school, it is highly recommended that every student who is prescribed an Epi-Pen have his/her own available in the nurse's office to ensure protection for every child. Your child's Epi-Pen will be sent along on field trips where a member of the faculty is trained in administering the potential life saving treatment. If you have any questions, contact your child's school nurse. We are looking forward to working closely with you and your child this school year.

Sincerely,

Susquenita Nursing Team

Mrs. Boaz, Elementary School Nurse

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Mrs. Reed, Middle School Nurse

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Mrs. Phoenix, High School Nurse

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Susquenita School Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* contacted. (example: possible sting/insect bite, possible food/ nut eaten, possible direct contact)
- If checked, give epinephrine immediately if the allergen was *definitely* contacted, even if no symptoms are noted. (example: stung/insect bite, food/ nut eaten, direct contact)

Any SEVERE SYMPTOMS after suspected 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 (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, 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 severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS 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 parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

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 an 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 back/attached for auto-injection technique.

I have read and reviewed the Allergy Action Plan formulated by my child's school nurse and primary care provider. I agree that it may be placed on file as part of my child's school health record and the necessary information is shared with my child's teachers and staff. I also give permission for my child's school nurse to contact the primary care provider or allergist if further information or clarification is needed regarding care of my child as stated in this plan. I also give consent for a non-licensed staff member, who is trained by the school nurse, to administer the Epi-Pen in the absence of the school nurse.

I request my child sit at a nut/peanut-free table in the cafeteria Yes No

Permission to Self-Administer Medication

- This student is capable and has been instructed in the proper method of self-administering of the epinephrine injection device.
- The student is not approved to self-medicate.

Physician/APN/PA Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PHYSICIAN STAMP

Contacts

Call 911 Doctor: _____ Phone: (____) _____ - _____

Parent/Guardian: _____ Cell: (____) _____ - _____ Home: (____) _____ - _____

Work: (____) _____ - _____

Parent/Guardian: _____ Cell: (____) _____ - _____ Home: (____) _____ - _____

Work: (____) _____ - _____

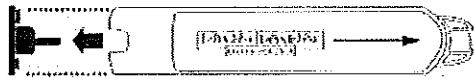
Other Emergency Contacts

Name/Relationship: _____ Phone: (____) _____ - _____

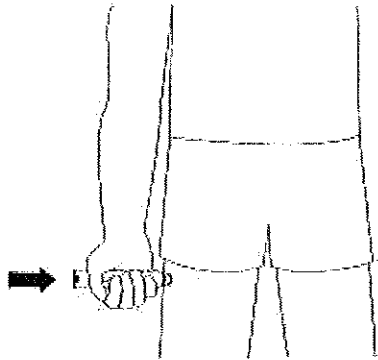
Name/Relationship: _____ Phone: (____) _____ - _____

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

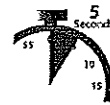
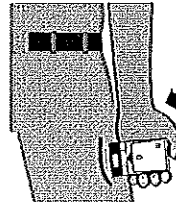
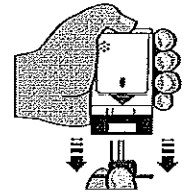


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.

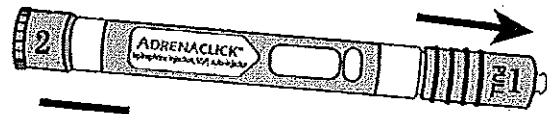


Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors.

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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).