411 East Chestnut Street, Charleston, MS 38921
662-647-5524 | Fax 662-647-3720
www.etsd.k12.ms.us

ALLERGY AND ANAPHYLAXIS EMERGENCY CARE PLAN

USE A SEPARATE PLAN FOR EACH STUDENT - EPINEPHRINE IS FIRST-LINE FOR ANAPHYLAXIS

Student	_____ DOB: _____
School/grade/teacher	_____
Parent/guardian	_____ Phone: _____
Emergency contact	_____ Phone: _____
Healthcare provider	_____ Phone: _____
Asthma	☐ No ☐ Yes - asthma may increase risk of severe reaction

ALLERGEN AND EXPOSURE PLAN

Allergic to	☐ Food: _____ ☐ Insect sting ☐ Latex ☐ Medication ☐ Other: _____
Avoidance measures	_____
Typical early symptoms	_____
Location of medication	_____
Self-carry	☐ Authorized ☐ Not authorized Backup location: _____

RECOGNIZE ANAPHYLAXIS

☐ Mouth/throat: itching, swelling of lips or tongue, tight throat, hoarseness, trouble swallowing

☐ Breathing: shortness of breath, wheeze, repetitive cough, chest tightness

☐ Skin: widespread hives, redness, swelling, or severe itching

☐ Stomach: repeated vomiting, severe cramps, or diarrhea

☐ Heart/brain: weak pulse, dizziness, fainting, confusion, pale or blue/gray color

☐ A combination of symptoms from more than one body system after likely exposure

DO NOT DELAY If anaphylaxis is suspected, give epinephrine immediately according to the order, call 911, and notify the parent/guardian. Antihistamines and asthma inhalers do not replace epinephrine.

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EMERGENCY MEDICATION ORDER

Epinephrine	☐ 0.1 mg ☐ 0.15 mg ☐ 0.3 mg ☐ Other: _____ Device: _____
Give when	☐ Any known exposure ☐ Symptoms listed above ☐ Provider-specific: _____
Second dose	☐ No ☐ Yes - give after _____ minutes if symptoms persist and EMS has not arrived
Antihistamine	Name/dose/route: _____ Give for: _____
Other medication	_____

EMERGENCY RESPONSE STEPS

1. Administer epinephrine immediately in the outer mid-thigh according to device instructions. Note the time.
2. Call 911 and state that the student is experiencing anaphylaxis and epinephrine was given.
3. Keep the student with a trained adult. Position safely: lying down with legs elevated if tolerated; on side if vomiting; seated if breathing is easier. Do not allow sudden standing or walking.
4. Notify the parent/guardian and school nurse/administrator. Send the plan and medication information with EMS.
5. Monitor breathing and circulation. Begin CPR/AED if needed and trained. Give a second dose only as ordered.
6. The student must be evaluated by emergency medical services after epinephrine because symptoms can recur.

Provider-specific instructions, precautions, and field trip/transportation plan

_____
_____
_____
_____
_____

AUTHORIZATION

This signed action plan also authorizes ETSD personnel to administer the listed emergency medications and communicate with the provider, parent/guardian, and emergency responders as necessary.

_____
Licensed Prescriber Signature / Date

_____
Parent/Guardian Signature / Date

_____
School Nurse/Designee Review / Date

_____
School Administrator Review / Date

SCHOOL READINESS CHECK

☐ Medication received, labeled, and unexpired
☐ Backup dose available when ordered
☐ Relevant staff trained and plan distributed securely
☐ Cafeteria/classroom/transport precautions reviewed
☐ Substitute and field trip access addressed
☐ Emergency drill/response route reviewed

RENEWAL Review annually and immediately after a reaction, medication change, or new provider instruction.