

**ANAPHYLAXIS ACTION PLAN**

San Carlos School District

1200 Industrial Rd. #9

San Carlos, CA 94070

SCHOOL YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_ FAX \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Asthma:  Yes  NoPlace photo  
here

List all allergies: \_\_\_\_\_

I request that my child be allowed to take medication at school according to instruction from his/her physician. I understand it is my responsibility to bring the medication in the original pharmacy container labeled with student name, medication, dosage and directions (Ed Code 49423). I authorize school personnel to assist with this medication for my child as ordered by the physician. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480).

I consent to communication and exchange of information between SCSD and my health care provider.

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

Date \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

***This form must be renewed annually, and if there is any change in treatment or medication during the school year.*****HEALTH CARE PROVIDER -- COMPLETE MEDICATION LIST BELOW AND CIRCLE ALL THAT APPLY**
**Epinephrine Auto-Injector**      CIRCLE DOSE:    EpiPen/Auvi-Q (or generic) 0.15 mg      EpiPen/Auvi-Q (or generic) 0.30 mg
A SECOND DOSE OF EPINEPHRINE MAY BE GIVEN 10-15 MINUTES AFTER THE FIRST DOSE, IF SYMPTOMS PERSIST OR RECUR.  YES  NO
**\*Antihistamine Give by mouth**      CIRCLE DOSE:    Benadryl (Diphenhydramine):12.5 mg = 5ml      25 mg = 10ml      37.5 mg = 15ml

Other: \_\_\_\_\_

**\*Inhaler:**      CIRCLE TYPE:    Albuterol or Levalbuterol      CIRCLE DOSE:    2 puffs or 4 puffs      every \_\_\_\_\_ hours
 **If this box is checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms**

| SEVERE SYMPTOMS   | ACTION   |
|---|--|
| Any SEVERE SYMPTOMS after Suspected Ingestion/Exposure:<br><b><u>One or more of the following:</u></b> <ul style="list-style-type: none"> <li>▪ LUNG:    <b>Difficulty Breathing, Audible Wheezing, Difficulty Talking</b></li> <li>▪ HEART:    Pale, Blue, Faint, Dizzy, Confused, Weak Pulse</li> <li>▪ THROAT:    Tight, Hoarse, Trouble Breathing / Swallowing</li> <li>▪ MOUTH:    Significant Swelling of Tongue and Lips</li> <li>▪ SKIN:      Many Hives over Body, Widespread Redness</li> <li>▪ G.I.:      Repetitive Vomiting or Severe Diarrhea</li> <li>▪ OTHER:    Feeling something bad is about to happen, anxiety, confusion</li> </ul> <b>OR a combination of mild or severe symptoms from different body areas</b> | <ol style="list-style-type: none"> <li>1. INJECT EPINEPHRINE IMMEDIATELY</li> <li>2. CALL 911</li> <li>3. BEGIN MONITORING (SEE BOX BELOW)</li> <li>4. GIVE ADDITIONAL MEDICATIONS IF ORDERED ABOVE *</li> </ol><br>*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).<br><b>USE EPINEPHRINE</b> |

| MILD SYMPTOMS ONLY   | ACTION  |
|--|---|
| Any MILD SYMPTOMS only: <ul style="list-style-type: none"> <li>▪ MOUTH:    Itchy Mouth</li> <li>▪ NOSE:      Itchy, Runny Nose, Sneezing</li> <li>▪ SKIN:      A Few Hives, Mild Itch</li> <li>▪ G.I.:      Mild Nausea, Discomfort</li> </ul> | <ol style="list-style-type: none"> <li>1. GIVE ANTIHISTAMINE</li> <li>2. Stay With Student; Alert Office and Parent/Emergency Contacts</li> <li>3. IF SYMPTOMS BECOME SEVERE, SEE ABOVE, USE EPINEPHRINE AND CALL 911</li> <li>4. Begin Monitoring (see box below)</li> </ol> |

| MONITORING  |
|---|
| <ol style="list-style-type: none"> <li>1. Stay with student</li> <li>2. Tell paramedic epinephrine was given, <b>note time</b>. If a second dose is given, <b>note time</b>.</li> <li>3. For a severe reaction: <b>KEEP STUDENT HORIZONTAL -- LEGS RAISED -- TURN ON SIDE IF NAUSEOUS</b></li> <li>4. A second dose of epinephrine may be given 10-15 minutes after the first dose, if checked above.</li> <li>5. <b>If breathing stops at any time during the procedure initiate CPR immediately.</b></li> </ol> |

Health Care Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Clinic Stamp