

PARAMUS PUBLIC SCHOOLS

ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Student has "A DOCUMENTED EPISODE OF ANAPHYLAXIS": Yes ☐ Date: _____ No ☐

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

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

FOR STUDENTS WITH FOOD ALLERGIES, PLEASE COMPLETE THE FOLLOWING INFORMATION

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 the allergen was definitely eaten, **even if no symptoms are noted.**

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Short of breath,
wheezing,
repetitive cough



HEART

Pale, blue,
faint, weak
pulse, dizzy



THROAT

Tight, hoarse,
trouble
breathing/
swallowing



MOUTH

Significant
swelling of the
tongue and/or lips



SKIN

Many hives over
body, widespread
redness



GUT

Repetitive
vomiting, severe
diarrhea



OTHER

Feeling
something bad is
about to happen,
anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

I request that my child be given the medication described in the manner above at school by the school nurse or delegate. If my child is authorized to self-administer I, as his/her parent, will be aware of the expiration date and renew the injector when needed. I relieve the Paramus Board of Education and its employees of any liability that may result from the administration of the above medication to my child, or from self-administration when certified by the physician.

MILD SYMPTOMS



NOSE

Itchy/runny
nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild nausea/
discomfort

FOR MILD SYMPTOMS, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.

Antihistamines may only be given by the School Nurse. Delegates are not permitted to give antihistamines prior to administering Epinephrine.

2. Stay with the person; alert emergency contacts.
3. Watch closely for changes and additional symptoms. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

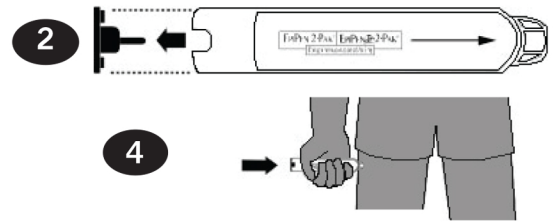
☐ Student is capable of self-administration, has been instructed in its use and may self-administer. (Grades 8-12)

All students at PHS self-carry their inhalers and/or epinephrine devices as it is developmentally appropriate.

Please be aware that students with life threatening allergies requiring epinephrine, must be trained by their physician to self-administer.

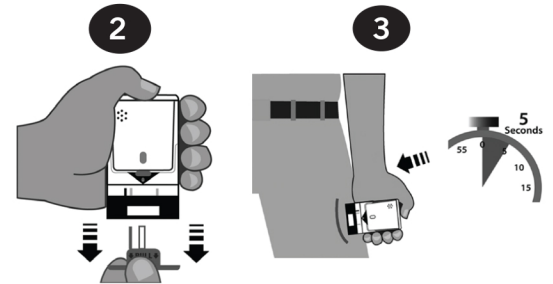
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



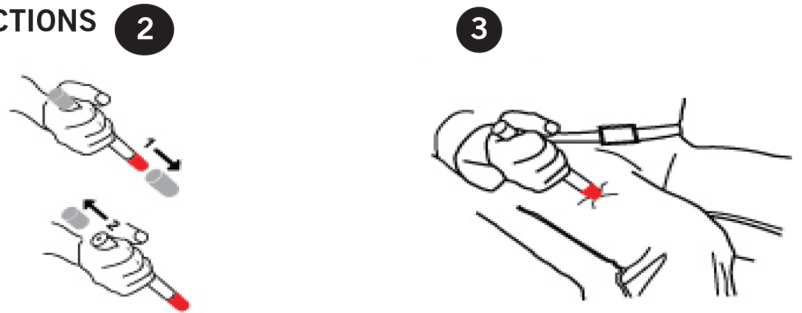
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALICK®/ADRENALICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____