School Nurse: _____

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders Place child's School: ______ Teacher: _____ photo here ALLERGY TO: Asthma: YES (higher risk for severe reaction) – refer to their asthma care plan **♦ STEP 1: TREATMENT** 1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 · Ask for ambulance with epinephrine Tell EMS when epinephrine was given **SEVERE SYMPTOMS:** Any of the following: 3. Stay with child and Short of breath, wheeze, repetitive cough LUNG: Call parent/guardian and school nurse THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Swelling of the tongue and/or lips If symptoms don't improve or worsen HEART: Pale, blue, faint, weak pulse, dizzy give second dose of epi if available as SKIN: Many hives over body, widespread redness instructed below Vomiting or diarrhea (if severe or combined Monitor student; keep them Iving down. GUT: with other symptoms If vomiting or difficulty breathing, put OTHER: Feeling something bad is about to happen. student on side Confusion, agitation Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinphrine. USE EPINEPHRINE 1. Stay with child and MILD SYMPTOMS ONLY: Alert parent and school nurse NOSE: Itchy, runny nose, sneezing Give antihistamine (if prescribed) SKIN: A few hives, mild itch 2. If two or more mild symptoms present or GUT: Mild nausea/discomfort symptoms progress GIVE EPINEPHRINE and follow directions in above box DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): 0.3 mg 0.15 mg If symptoms do not improve ____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available Antihistamine: (brand and dose) _______ Asthma Rescue Inhaler (brand and dose) Student has been instructed and is capable of carrying and self-administering own medication. Yes No Provider (print) _____Phone Number: Provider's Signature: _____ ____ Date: _____ **♦ STEP 2: EMERGENCY CALLS ♦** 1. If epinephrine given, call 911. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed. Phone Number: 2. Parent: 3. Emergency contacts: Name/Relationship Phone Number(s) a. ______1) ______2) _____ _____1) _____2) DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies. Parent/Guardian's Signature: ______ Date: _____

Room	tudent Name:	DOB:
Room	ff trained and delegated to administer emergency me	edications in this plan.
Room		
Room		Room
Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her si AUVI-QTM (EPINEPHRINE INJECTION, USP) DIRECTIONS Remove the outer case of Auvi-Q. This will automatically activate the voice instructions. Pull off red safety guard. Pull off red safety guard. Press firmly and hold for 5 seconds. Remove the outer case. Remove grey caps labeled "1" and "2". Place red rounded tip against mid-outer thigh. Press down hard until needle enters thigh. Press down hard until needle enters thigh. Hold in place for 10 seconds. Remove from thigh. Remove the EpiPen Auto-Injector from the clear carrier tube. Remove the blue safety release by pulling straight up without bending or twisting it. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). Remove auto-injector from the thigh and massage the injection area for 10 seconds.		Room
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STUDENT :	DOB:
□ I plan to keep my Epi-pen with me	e at school rather than in the school health office
☐ I agree to use my Epi-pen in a resorders.	sponsible manner, in accordance with my physic
☐ I will notify the school health office	e immediately if my Epi-pen has been used.
☐ I will not allow any other person to	o use my Epi-pen.
Student's Signature	Date
PARENT/GUARDIAN	l:
This contract is in effect for the curre student fails to meet the above safet	ent school year unless revoked by the physician of the contingencies.
I agree to see that my child carries contains medication, and that the	s his/her medication as prescribed, that the devi-
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Allergy Self Carry Contract	School:	Grade:		
	STUDE	VT		
☐ I plan to keep my Epi-pen with me at school rather than in the school health office.				
☐ I agree to use my Epi-pen in orders.	a responsible man	ner, in accordance with my physician's		
☐ I will notify the school health	office immediately	if my Epi-pen has been used.		
□ I will not allow any other pers	on to use my Epi-բ	pen.		
Student's Signature		Date		
	PARENT/GUA	ARDIAN		
Este contrato estará en efecto e lo revoque o que el estudiante fa anterior.	l presente año esc alle en cumplir las	colar a menos que el doctor del estudiante contingencias propuestas en el párrafo		
 Estoy de acuerdo en ver que mi niño/a lleve la medicación prescripta, que el dispositivo contenga medicina, y que este al día. Se me ha recomendado que un Epi-pen de emergencia sea provisto al Oficial de Salud para casos de emergencia. Revisaré el estado de las alergias del estudiante regularmente como fue aceptado en el plan de salud. Proveeré a la escuela la autorización firmada por el proveedor de salud autorizando el uso de la medicación. 				
Firma del padre		Fecha		
	Health Office	Staff		
☐ The above student has demoi of the physician order for eme	nstrated correct tea ergency use of the	chnique for Epi-pen use, an understanding Epi-pen .		
carry medication have been r	☐ School staff that have the need to know about the student's condition and the need to carry medication have been notified.			
I will review the medication authorization provided by the parent and signed by the parent and health care provider.				
Nurse Consultant's Signature	7.	Date		
School Administrator's Signature Teacher's Signature:	·	Date:		
Toocher's Cignature		Date:		