Potential for altered respiratory status/anaphylaxis

**Known Life-Threatening Allergies:**

<table>
<thead>
<tr>
<th>Diagnosis of Mild Allergy?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Please list allergens:

**History of Asthma?**

- No
- Yes

(Asthma may indicate an increased risk of severe reaction)

**History of SEVERE Anaphylactic Reaction?**

If checked Yes, give epinephrine immediately!

Give epinephrine if allergen was likely eaten, at onset of any symptoms or if allergen was definitely eaten even if no symptoms are noticed.

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### FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:

**LUNG:** Difficulty breathing or swallowing, wheezing, coughing

**HEART:** Dizzy, faint, confused, pale, blue, weak pulse

**THROAT:** Tight, hoarse, trouble breathing/swallowing, drooling

**MOUTH:** Significant swelling of tongue, lips

**SKIN:** Many hives over body, widespread redness over body

**GUT:** Nausea, repetitive vomiting, severe diarrhea, cramping

**Other:** Feeling something bad is about to happen, anxiety, confusion

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### FOLLOW THIS PROTOCOL:

1. **INJECT EPINEPHRINE IMMEDIATELY!**
   - (Note time)
   - Call 911. Request ambulance with epinephrine.
   - Don’t hang up & don’t leave student
   - Give additional medications as ordered
     - Antihistamine (if ordered below)
     - Inhaler (Albuterol) if student has asthma
   - Lay student flat and raise legs. If breathing is difficult or vomiting, sit up or lie on their side
   - Notify School Nurse and Parent/Guardian
   - Notify Prescribing Provider / PCP
   - Student must be transported to ER

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### MILD ALLERGY SYMPTOMS (IF DIAGNOSIS CONFIRMED ABOVE):

**MOUTH:** Itchy mouth, lips, tongue and/or throat

**SKIN:** Itchy mouth

**NOSE:** Itchy/runny nose

**GUT:** Itchy/runny nose

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### THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL SYMPTOMS OF ANAPHYLAXIS CAN POTENTIALLY PROGRESS TO A LIFE THREATENING SITUATION!!

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### EPINEPHRINE

**Student’s weight: ______________________ lbs.**

- **Epinephrine (0.15mg)** inject intramuscularly
  - Epi Pen
  - Auvi Q
  - Adrenaclick

- **Epinephrine (0.3mg)** inject intramuscularly
  - Epi Pen
  - Auvi Q
  - Adrenaclick

A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

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### MEDICATION ORDER

- **Antihistamine**
  - Do not depend on antihistamines (or inhalers).
  - When in doubt, give epinephrine and call 911.
  - If symptoms worsen, GO TO EPINEPHRINE PROTOCOL (see above)

- **Benadryl/Diphenhydramine**
  - Dose:
  - Route: PO
  - Frequency:

- **Other**
  - Dose:
  - Route:

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**NOTE:** IF NURSE IS NOT AVAILABLE, THE ABOVE TREATMENT PLAN MAY BE PROVIDED BY TRAINED SCHOOL PERSONNEL FOR ANY ANAPHYLAXIS SYMPTOMS.

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### MUST BE COMPLETED BY HEALTHCARE PROVIDER, PARENT, AND SCHOOL NURSE

- **Prescriber’s Signature:** ___________________________ Date: _____________

**Printed Name:** ___________________________ Phone: ___________________________

I confirm student is capable to safely carry and properly administer above medication

- Yes
- No

**Parent/Guardian Consent:** I have received, reviewed and understand the above information. I approve of this Allergy Action Plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary. I assume full responsibility for providing the school with the prescribed medications. I give my permission for the school to share the above information with school staff that need to know about my child’s condition.

- **Parent/Guardian Signature:** ___________________________ Date: _____________

I confirm my child is capable to safely carry and properly administer above medication

- Yes
- No

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**School Nurse:**

I have reviewed this order and completed the allergy emergency care plan and shared with trained school personnel.

**Signature / Date:** ___________________________ Medication Expires on: _____________

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**Goal:** Patent Airway