

**EMERGENCY CARE PLAN FOR
KNOWN SEVERE ALLERGIC REACTIONS
Cedarburg School District**

This form should only be filled out if your child has a severe allergy.

Student Name: _____ Home Phone: _____
Birthdate: _____ Grade: _____ Parents/Guardians: _____
Cell Phone (Mom): _____ Cell Phone (Dad): _____
Date of last reaction: _____ Symptoms noted: _____
Physician: _____ Physician's number: _____

Epinephrine injectable device ordered for this student is: (please specify) and list its location

- Epipen 0.3 mg – or - Epipen JR 0.15 mg
- Auvi Q 0.3 mg – or - Auvi Q 0.15 mg
- Adrenaclick 0.3 mg – or - Adrenaclick 0.15 mg
- Epipen is kept (in health room, in backpack, in classroom, etc.) please specify _____
 - It should be kept at room temperature. Do not use if it is brown, discolored or precipitated.

The above student is at risk for severe allergic reaction to:

Bee/Wasp/Insect Sting _____ Food (specify): _____
Medication (specify): _____ Other (specify): _____

If he/she is exposed to the allergen listed above and shows any of the following symptoms:

Difficulty breathing/wheezing _____ Swelling of lips, tongue or throat _____
Hoarse voice, coughing _____ Throat constriction _____
Nausea/Vomiting _____ Hives, itching, flushed skin _____

Immediately do the following in this order:

1. Administer Epipen and call 911. If Epipen is not with the student Call 111 (the school's emergency line) and have someone retrieve the student's Epipen and have them call 911. DO NOT leave the student alone.
2. Once the Epipen arrives inject it into the muscle of the outer mid-thigh halfway between the knee and hip. DO NOT inject into the buttocks. Follow directions on epinephrine device.
3. Discard empty Epipen by placing it into its protective container and give it to the ambulance personnel upon their arrival.
4. Also administer the following medication and dosage as prescribed: _____.
5. Treat student for shock until the Rescue Squad arrives:
 - a. Lie student flat and elevate legs above level of the heart.
 - b. Keep student warm.
 - c. If after 5 minutes' symptoms persist and/or have gotten worse and the ambulance has not yet arrived **one** additional Epipen may be administered (if available). More than two sequential doses of epinephrine for the same episode should be given only under direct medical supervision.
 - d. Provide rescue breathing or CPR, as needed.
6. Notify parent and physician listed above.
7. Document event on ER Team incident report and student's medication administration record.
8. Send 3 copies of the incident report to the District Nurse.

Please note: Parent/Guardian should contact school if medication/treatment changes during the school year.

NOTE: The 1983 Wisconsin Act 334 states that no school employee except a health care professional may be required to administer a medication to a student by any means other than ingestion. Thus a volunteer person following the above guidelines authorized by the parent/guardian and physician with the following signatures may perform the Epi pen administration at school:

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHYSICIAN SIGNATURE: _____ Date: _____