

Name: _____ **D.O.B:** _____ **Grade:** _____

Asthmatic: (circle one) No *Yes *Higher risk for severe reaction

Symptoms:

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat:* Tightening of throat, hoarseness, hacking cough
- Lung:* Shortness of breath, repetitive coughing, wheezing
- Heart:*Thready pulse, low blood pressure, fainting, pale, blueness
- Other*

The severity of symptoms can quickly change.

*Potentially life-threatening.

Epinephrine Dose: auto injector (circle one)	0.3 mg IM	0.15 mg IM
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Other medication order: _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (Remember to dial 8, then 911) State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Name of Parent/Guardian _____ Telephone _____

[illegible]

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE
TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY**

Doctor's Signature _____ Date _____
(Required)

Delegation of Epinephrine Administration: Lunenburg Public Schools are registered with the DPH for the limited purpose of permitting unlicensed, properly trained personnel to administer epinephrine by auto injector to students with a diagnosed life-threatening allergic condition when a school nurse (RN) is not immediately available, provided that the conditions defined in 105 CMR 210.100 are met, i.e. training to staff and emergency plan in place.

I have received, reviewed, and understand the above information:

Parent/Guardian Signature _____ Date _____

**Lunenburg Public Schools
Lunenburg Middle High School
Individualized Healthcare Plan**

Name _____ Grade _____

<p>Avoid:</p> <ul style="list-style-type: none"> • • • • <p>Previous exposure reactions:</p>	<p>Prevention:</p> <ul style="list-style-type: none"> • Student will self-advocate in school Yes <input type="checkbox"/> ____ (parent initial) • Student and parent will provide student's own EpiPen for after-school activities <input type="checkbox"/> ____ (parent initial) • Teachers informed about food/insect/other allergy student by nurse • EpiPens located in: <ul style="list-style-type: none"> <input type="checkbox"/> Health Office <input type="checkbox"/> Pack carried with student • Food Safety reinforced by parent and school: No sharing food or utensils • Teachers will be offered Life Threatening Allergy and EpiPen training two times per year and as needed • Student and Parent acknowledge that cafeteria is not peanut or tree nut free • Bus rules reinforced by parents and school: No eating on the bus • Treatment Plan attached • Refer to Life Threatening Allergy Policy 5712
<p>If You Notice This:</p> <ul style="list-style-type: none"> • Reported or suspected ingestion • Hives • Itchy Skin • Swelling at sting site-insect reaction • Hives spreading over body • Wheezing, difficulty swallowing or breathing • Swelling of face, ears, lips or neck • Tingling/swelling of tongue • Stomach ache/Vomiting/Diarrhea • Extreme paleness/gray color, clammy skin • Loss of consciousness 	<p>Do This:</p> <ul style="list-style-type: none"> • Stay with the student and keep them quiet/calm. • Page nurse and state student's name, state allergic reaction so nurse can bring emergency medication. • Administer Epinephrine auto injector. • Call 911 immediately-Tell EMS that epinephrine was given and the time it was given. • 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. • If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose. • Alert emergency contacts.

Reviewed by Parent/Guardian _____ Date _____

School Nurse _____ Date _____

Physician or Licensed Prescriber _____ Date _____