

# HAINESPORT TOWNSHIP SCHOOL DISTRICT

## ANAPHYLAXIS INDIVIDUAL EMERGENCY CARE PLAN

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_ History of asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

### Parent/Guardian Telephone Numbers:

Name/Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

### TO BE COMPLETED BY PHYSICIAN'S OFFICE

Presenting symptoms include:

### **Please check off the appropriate symptoms**

☐ Skin: "hives" (red blotches or welts which itch); severe swelling  
☐ Eyes: tearing, redness, itching  
☐ Lungs: shortness of breath, rapid breathing, cough, wheeze  
☐ Gut: repeated vomiting, nausea, abdominal pain (diarrhea later)  
☐ Brain: anxiety, agitation, or loss of consciousness

☐ Throat: tightness, trouble speaking, and trouble breathing  
☐ Nose: running, itching, congested  
☐ Mouth: itching, swelling of lips, tongue, or mouth  
☐ Heart/Circulation: weak pulse, loss of consciousness

### **In the event of an allergic reaction, the school nurse should proceed as follows:**

1. If the child develops only hives (only skin problems) give antihistamine.
  - a. Dose: Diphenhydramine \_\_\_\_\_ mg by mouth  
Oral antihistamine must be given by nurse or parent only. A delegate is not permitted to administer any medication other than epinephrine.
  - b. Notify parent/guardian. Observe closely for additional symptoms for the next six hours.
2. If the child develops any of the signs/symptoms of an anaphylactic reaction, immediately
  - a. Inject Epinephrine: Dose \_\_\_\_\_ .15 mg IM \_\_\_\_\_ .30 mg IM
  - b. This dose of IM Epinephrine may be repeated in 15 minutes if symptoms recur.
  - c. Give the above dose of Benadryl by mouth
  - d. Call 911 and notify the parent/guardian.
3. If wheezing occurs, treat with: \_\_\_\_\_

### **In the event of an allergic reaction when the school nurse is unavailable (field trip, after school activities, or athletics):**

- ☐ Able to self medicate  
I give my permission for this child to self medicate when the school nurse is not available. This student is allowed to administer a pre-measured dose of an antihistamine simultaneously with the epinephrine only for anaphylaxis.
- ☐ Unable to self medicate  
This child is not able to self medicate at this time. In the event of an anaphylactic reaction when the nurse is not available, I authorize a trained delegate to administer a single dose of epinephrine, and call 911.  
**I understand that by NJ State law the delegate is not permitted to administer Benadryl.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Stamp

As the parent/guardian, I shall indemnify and hold harmless the district and its employees for any injury arising from the administration of a single, pre-filled, auto injector of epinephrine to my child. I agree with the plan as developed by my child's physician, and will provide the prescribed medications.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date