

# DENVER CITY ISD

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## EMERGENCY ACTION PLAN: FOOD ALLERGY / OTHER SEVERE ALLERGIC REACTIONS

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ TEACHER: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

PROBABLE SYMPTOMS: \_\_\_\_\_

**ASTHMATIC:** YES\*  NO  \*Higher risk for severe reaction

### Body System

Throat\*  
Lungs\*  
Heart\*

### Signs/Symptoms

Tightening of throat, hoarseness, hacking cough.  
Shortness of breath, repetitive coughing, wheezing.  
Thready pulse, low blood pressure, fainting, pale, blue skin color.  
Itching, tingling, swelling of lips, tongue, mouth.  
Hives, itchy rash, swelling of face or extremities.  
Nausea, abdominal cramps, vomiting, diarrhea.

Place  
Child's  
Picture  
Here

*\*Potentially life threatening. The severity of symptoms can quickly change.*

1. If ingestion or exposure is suspected or confirmed, escort student to the clinic IMMEDIATELY!
2. If student cannot be transported, move the student away from the source of the allergen. Send or call for assistance IMMEDIATELY!
3. Give medications as prescribed by the student's physician:

### **STEP 1: TREATMENT**

(As per the Parent/Physician Authorization for Administration of Emergency Anaphylaxis Medication)

### **DOSAGE**

**EPINEPHRINE: Inject intramuscularly (circle one)**

**EPIPEN®      EPIPEN® Jr.      TWINJECT® 0.3MG      TWINJECT® 0.15MG**  
(See next page for instructions)

**ANTIHISTAMINE: Give** \_\_\_\_\_  
Medication/Dose/Route

**OTHER: Give** \_\_\_\_\_  
Medication/Dose/Route

### **STEP 2: EMERGENCY CALLS**

1. **CALL EMS (911)** – State that an allergic reaction has been treated and additional epinephrine may be needed.
2. **NOTIFY EMERGENCY CONTACTS:**

Name/Relationship

Phone Numbers

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL EMS!

Antihistamine for student is located: \_\_\_\_\_

EpiPen/Twinject for student is located: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRAINED STAFF MEMBERS

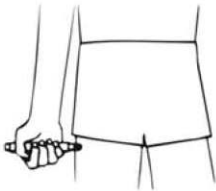
- |          |                 |
|----------|-----------------|
| 1. _____ | LOCATION: _____ |
| 2. _____ | LOCATION: _____ |
| 3. _____ | LOCATION: _____ |
| 4. _____ | LOCATION: _____ |

**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).

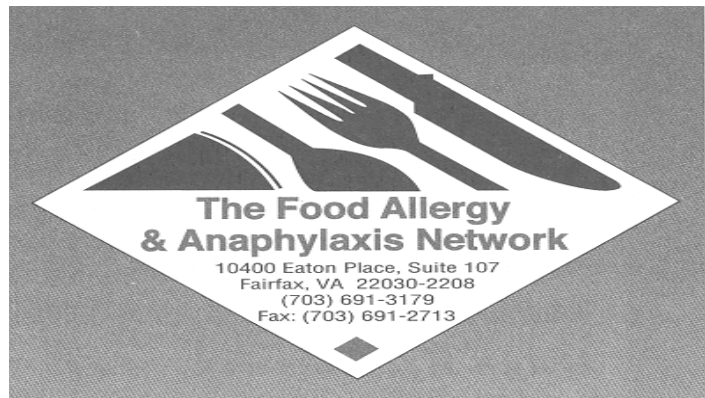


- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



Save unit for transport to ER.  
Stay with child until EMS arrives on scene.