

# Non-Food Allergy Management Plan

Place  
Student's  
Picture  
Here

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**Extremely reactive to the following:** \_\_\_\_\_

**THEREFORE:**

If checked, give epinephrine immediately for ANY symptoms if definite or likely exposure to allergen.

Student may carry/use his or her EPI-PEN or other automated epinephrine injector

Special Instructions: \_\_\_\_\_

**Any SEVERE SYMPTOMS after suspected or known ingestion:**

**One or more** of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, crampy pain



- 1. INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Follow any additional instructions if prescribed by healthcare provider.
5. If symptoms get worse or do not go away within 10-15 minutes, give a second dose of epinephrine.

## Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Other instructions: \_\_\_\_\_

I authorize the exchange of medical information about my child's allergies between the physician's office and school nurse. I request treatment be administered in accordance with my child's licensed healthcare provider's orders. I will notify the school if my child's health status changes or we change healthcare providers. I agree to provide all necessary equipment and supplies properly labeled and further agree to hold the Elko County School District, the Board of Trustees, and all agents of the District harmless from any liability for their participating in assisting and supervising the above named student with the Allergy Management Plan..

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child's Physician/Healthcare Provider Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_\_  
**Physician/Healthcare Provider Signature**

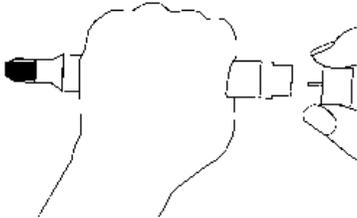
\_\_\_\_\_  
**Date**



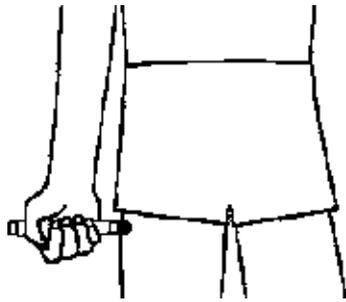
- First remove the EPIPEN Auto-Injector from the plastic carrying case



- Pull off the blue safety release cap



- Hold tip near outer thigh



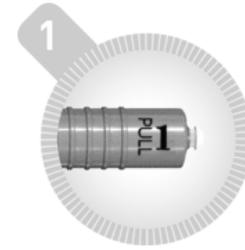
- Swing and firmly push tip against outer thigh. Hold on thigh for approximately 10 seconds.

A allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan.

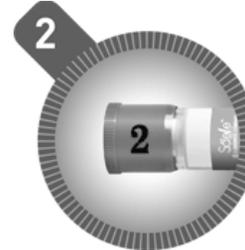
A kit must accompany the student if he/she is off school grounds (i.e., field trip).

## How to use Adrenaclick®

New single-dose Adrenaclick®: Easy as...



Remove the **GRAY** cap labeled "1". Never put thumb, finger, or hand over the **RED** tip



Remove the **GRAY** cap labeled "2"



Place **RED** tip on the middle of the outer side of the thigh. Press down hard until the needle penetrates the skin and slowly count to 10

Check the **RED** tip. If the needle is exposed, you received the dose. If needle is not visible, repeat step 3.

\*Call 911 after administering Adrenaclick® to get medical attention.

**Contacts:** Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Other Emergency Contacts:

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_