## St. Mary's Springs Academy 2022-2023 Allergy and Anaphylaxis Emergency Plan

Child's name:	Date of plan:	

Date of birth: \_\_\_\_/\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Weight: \_\_\_\_\_kg

Child has allergy to \_\_\_\_\_

Child has asthma. Yes No (If yes, higher chance severe reaction)

Child has had anaphylaxis. Yes No

Child may carry medicine. Yes No

Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

## **IMPORTANT REMINDER**

Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis	Give epinephrine!
What to look for	What to do
<ul> <li>If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</li> <li>Shortness of breath, wheezing, or coughing</li> <li>Skin color is pale or has a bluish color</li> <li>Weak pulse</li> <li>Fainting or dizziness</li> <li>Tight or hoarse throat</li> <li>Trouble breathing or swallowing</li> <li>Swelling of lips or tongue that bother breathing</li> <li>Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>Many hives or redness over body</li> <li>Feeling of "doom," confusion, altered consciousness, or agitation</li> <li>SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</li> </ul>	<ol> <li>Inject epinephrine right away! Note time when epinephrine was given.</li> <li>Call 911.         <ul> <li>Ask for ambulance with epinephrine.</li> <li>Tell rescue squad when epinephrine was given. 3.</li> </ul> </li> <li>Stay with child and:         <ul> <li>Call parents and child's doctor.</li> <li>Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.         <ul> <li>Antihistamine</li> <li>Inhaler/bronchodilator</li> </ul> </li> </ol>

For Mild Allergic Reaction What to look for If child has had any mild symptoms, monitor child.	Monitor child What to do Stay with child and:		
Symptoms may include:	Watch child closely.		
<ul> <li>Itchy nose, sneezing, itchy mouth</li> </ul>	<ul> <li>Give antihistamine (if prescribed).</li> </ul>		
• A few hives	<ul> <li>Call parents and child's doctor.</li> </ul>		
<ul> <li>Mild stomach nausea or discomfort</li> </ul>	<ul> <li>If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>		

	Medicines/Doses				
Antihistamine, by mouth (type and dose):	Epinephrine, intramuscular (list type):		Dose:	0.10 mg (7.5 kg to les	s than13 kg) 🛛 🗌 0.15
Other (for example, inhaler/bronchodilator if child has asthma):	mg (13 kg to less than 25 kg) $\square$ 0.30 mg (25 kg or more)				
Parent/Guardian Authorization Signature:       Date:         Physician/HCP Authorization Signature:       Date:         Additional Instructions:         Additional Instructions:         Contacts         Call 911 / Rescue squad:         Dotor:       Phone:         Parent/Guardian:       Phone:         Parent/Guardian:       Phone:         Parent/Guardian:       Phone:         Mame/Relationship:       Phone:         Name/Relationship:       Phone:	Antihistamine, by mouth (type and dose):				
Physician/HCP Authorization Signature: Date:     Additional Instructions:     Additional Instructions:     Contacts     Call 911 / Rescue squad:     Parent/Guardian:   Phone:   Phone:   Parent/Guardian:   Phone:   Phone:   Phone:   Parent/Guardian:   Phone:   Other Emergency Contacts   Name/Relationship:   Name/Relationship:	Other (for example, inhaler/bronchodilator if child has ast	thma):			
Additional Instructions:     Additional Instructions:     Contacts     Call 911 / Rescue squad:        Doctor:      Phone:   Phone:    Parent/Guardian:   Parent/Guardian:   Parent/Guardian:   Phone:    Parent/Guardian:   Phone:   Phone: Other Emergency Contacts   Name/Relationship:   Name/Relationship:	Parent/Guardian Authorization Signature :		_	Date:	
Contacts         Call 911 / Rescue squad:         Doctor: Phone:         Parent/Guardian: Phone:         Parent/Guardian: Phone: Phone:         Parent/Guardian: Phone: Other Emergency Contacts         Name/Relationship: Name/Relationship:	Physician/HCP Authorization Signature:			Date:	
Call 911 / Rescue squad: Doctor:Phone:Phone:Parent/Guardian: Parent/Guardian:Phone:Other Emergency Contacts Name/Relationship:Phone:Phone:Name/Relationship:	Additional Instructions:				
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Phone:Other Emergency Contacts Name/Relationship:Name/Relationship:	Doctor:		Phone:		
Name/Relationship: Name/Relationship:	Parent/Guardian:		Phone:		Parent/Guardian:
		Phone:		Other Emergency C	Contacts
Phone:	Name/Relationship:		Phone:	N	lame/Relationship:
		Phone <sup>.</sup>			

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child. This information should not take the place of talking with your child's doctor. Page 2 of 2.