

Fayette County School Health Services
SEVERE ALLERGY HEALTH CARE PLAN

Please bring or mail this health care plan to the clinic or send to the secure FAX at 770-719-2639.

**Place
Student's
Picture
Here**

ALLERGY TO: _____ Asthmatic Yes No

Student: _____ **Birth Date:** _____ **School Year:** _____

School: _____ **Homeroom Teacher:** _____ **Grade/Team:** _____

Extremely reactive to the following ALLERGEN: _____

IF FOOD Allergen, FOOD RESTRICTIONS: _____

If FOOD Allergen, FOOD SUBSTITUTIONS: _____

Any SEVERE SYMPTOMS after suspected or known exposure:

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, cramping pain

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

**Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis).*

USE EPINEPHRINE.

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above),
USE EPINEPHRINE
4. Begin monitoring (see below)

MEDICATIONS	Medication Name/Dose
Epinephrine inject intramuscularly	<input type="checkbox"/> 0.15mg <input type="checkbox"/> 0.3mg <input type="checkbox"/> Other _____
	<input type="checkbox"/> EpiPen Jr.® <input type="checkbox"/> Auvi-Q™ <input type="checkbox"/> Other _____
	<input type="checkbox"/> EpiPen® <input type="checkbox"/> Adrenaclick® Generic
Expiration Date:	<input type="checkbox"/> Give epinephrine immediately for ANY symptoms if likely exposed to allergen. <input type="checkbox"/> Give epinephrine immediately if definitely exposed to allergen, even if no symptoms are noted.
Antihistamine orally	

- I have instructed the named student in the proper way to use his/her epinephrine auto-injector and it's my professional opinion this student should be allowed to carry and use that medication by him/herself.
- It is my professional opinion this student should not carry or self medicate with his/her epinephrine auto-injector.
- Student should NOT participate in outdoor activities if the pollen count is High or Very High.

► **Physician's Signature** ◀ _____ **Date:** _____

PRINT Physician's Name: _____ **Telephone Number:** _____

 I, this child's parent/guardian, hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's severe allergy and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Fayette County Schools. This authorization expires as of the last day of the school year.

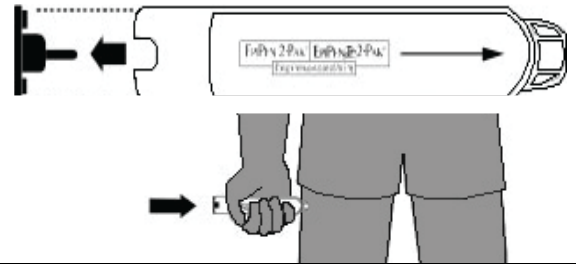
► **Parent/Guardian's Signature** ◀ _____ **Date:** _____

MONITORING

Stay with student; alert healthcare professionals and parent. Tell EMS epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. **Treat student even if parents cannot be reached.** See back for epinephrine auto-injection medication.

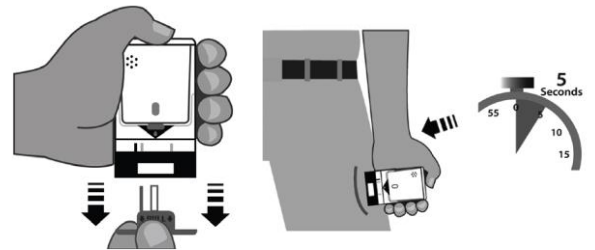
EpiPen® (epinephrine) Auto-Injector Directions

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



Auvi-Q™ (epinephrine injection, USP) Directions

1. Remove the outer case of Auvi-Q.
This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



Adrenallick® Generic Directions

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



EMERGENCY CONTACTS – CALL 911

<i>Parent/Guardian/Contact</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>Email</i>

Implemented: August 2000

Revised: February 6, 2002; May 2003; August 2, 2004; March 7, 2006; July 14, 2010; July 20, 2011; April 13, 2012; May 9, 2012; May 20, 2013; February 10, 2014; March 12, 2014; May 16, 2014; May 12, 2020