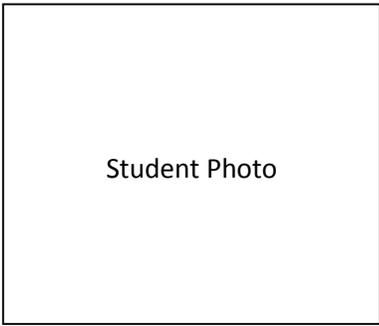




**ROCKY BAYOU
CHRISTIAN SCHOOL**

A K3-12 COLLEGE PREPARATORY SCHOOL



**ALLERGY ACTION PLAN
PHYSICIAN'S AUTHORIZATION**

STUDENT _____ **D.O.B.** _____ **GRADE** _____

Physician: _____
Physician's Phone: _____ Fax: _____
Parent/Guardian Name: _____
Parent/Guardian Phone #1: _____ Parent/Guardian Phone #2: _____
Parent/Guardian Email: _____
Emergency Contact: _____ Phone: _____
Email: _____

- *Treat the person before calling emergency contacts.*
- *The first signs of a reaction can be mild, but symptoms can get worse quickly.*

ALLERGY TO: _____

Asthma? No Yes (Yes indicates higher risk for severe reactions and requires an **Asthma Action Plan**.) *Note:* Do not depend on antihistamines or inhalers (Bronchodilators) to treat a severe reaction. **USE EPINEPHRINE.**

Total number of times treated in ER for severe reaction: ____ Date of last severe reaction: _____

MEDICATION/DOSES: Epinephrine must be in original pharmacy container, labeled with student's name. *Note Expiration Date!*

Epinephrine Brand: _____ Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____ Dose: _____

Other (e.g., inhaler-bronchodilator—if wheezing): _____ Dose: _____

SEVERE REACTION:

Student is extremely reactive to the following foods: _____

THEREFORE, check one of the following:

- Give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- Give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Check specific symptoms that usually occur:

- MOUTH:** Itching & swelling of the lips, tongue, or mouth.
- *THROAT:** Itching and/or a sense of tightness in the throat, hoarseness, cough, or difficulty swallowing.
- SKIN:** Many hives over the body, widespread redness, itchy rash, and/or swelling about the face or extremities.
- GUT:** Nausea, abdominal cramps, repetitive vomiting, and/or severe diarrhea.
- *LUNG:** Shortness of breath, difficulty breathing, repetitive coughing, and/or wheezing.
- *HEART:** “Thready” pulse, “passing-out”, pale, blue, faint, weak pulse, or dizzy.
- CHANGE IN MENTAL STATUS:** Confusion, disorientation, or sense of doom.

* These symptoms can potentially progress to a life-threatening situation.

MINOR REACTION TREATMENT:

- If the only symptoms are itchy mouth, a few hives around the face, mild itch, mild nausea/discomfort, then give this medication: _____ and call the parent/guardian.
- If symptoms improve after 20 minutes student may return to class.
- ***For mild symptoms from more than one system area, give epinephrine.***
- For mild symptoms from a single system area, follow these directions:
 1. Antihistamines may be given if ordered by a healthcare provider.
 2. Stay with the student; alert emergency contacts.
 3. Watch closely for changes. If symptoms worsen, see below (give epinephrine).

SEVERE REACTION TREATMENT:

For known exposure (specify ingestion or skin contact) and/or any severe symptoms listed above.

1. **ADMINISTER EPINEPHRINE IMMEDIATELY:** Dosage _____.
2. **Call 911.** *Tell them the child is having an anaphylactic reaction and may need epinephrine when they arrive.*
3. ***Note the exact time the epinephrine was given and write it down.***
4. May repeat epinephrine in 5 minutes if the symptoms persist or worsen and the EMT has not arrived.
5. Alert emergency contacts.
6. Treat the student even if the parents cannot be reached.

Other medications to give following epinephrine:

- Antihistamine _____
- Inhaler (bronchodilator) if wheezing _____

NEXT STEPS:

- Lay the student flat, raise legs, and keep warm. If breathing is difficult or vomiting occurs, let him sit up or lie on his side.
- If symptoms do not improve, or if symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Transport the student to the ER even if symptoms resolve. The individual should remain in the ER for at least 4 hours the symptoms may return.

MONITORING:

- Stay with the student.
- Alert health care professionals and parents.

PHYSICIAN AUTHORIZATION:

NOTE: Emergency injections may be administered by non-health professionals. These persons are trained by the school health care technician to administer the epinephrine injection. It should be noted that these staff members are not trained observers. They may not be skilled in observing for the development of symptoms before administering the injection.

- Follow the instructions listed above in the event of a reaction.

For Students in Grades 7-12 Only:

- I have instructed this student in the proper use and self-administration of an epinephrine auto-injector.
- It is my professional opinion that this student should be able to carry an epinephrine auto-injector while at school.
- Student should NOT carry an epinephrine auto-injector while at school.
- *Signature authorizes the school health care technician to administer the prescribed medications listed above.

Physician Signature (REQUIRED): _____

Date: _____

PARENT AUTHORIZATION:

- This care plan is appropriate for my child. I agree to release, indemnify, and hold harmless RBCS and any of their officers, staff members, or agents from lawsuits, claim expense, demand action, etc., for helping this student with his or her medication, providing RBCS personnel are following physician instructions as written above.
- RBCS has my permission to contact my child’s physician or the physician’s designee regarding my child’s condition.
- I understand that a new Allergy Action Plan must be submitted each school year.
- I understand that the First Aid Office is closed and the health care technician will not be on school grounds after 1pm.
- I assume full responsibility for providing the school with the prescribed medication.
 - Students in Grades K-6 will require an epinephrine auto-injector for the Health Clinic, and the classroom.
 - Students in Grades 7-12 will be expected to self-carry an epinephrine auto-injector and also provide the Academy Office with a back-up epinephrine auto-injector.
- This medication will be discarded unless picked up within one week after the end of the school year.

For Students in Grades 7-12 Only:

- I give my consent for my child to self-administer and/or carry his or her auto-injector of epinephrine.
- I understand that the school or its employees cannot be held responsible for negative outcomes resulting from self –administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined than my child is not safely and effectively self-administering the medication.

Parent/Guardian Signature Required

Date

STUDENT AGREEMENT (Grades 7-12 Only):

- If I am to self-administer, I have demonstrated to my health care technician the correct use of an auto-injector of epinephrine.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I understand that I am responsible to have this medication at all games, practices, and after-school events.
- I agree that if I inject epinephrine, I will immediately report it to the Academy Office/ health care technician, or another appropriate adult so that EMS will be called.

Student Signature Required

Date