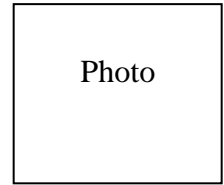




SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

QUICK REFERENCE EMERGENCY PLAN FOR A STUDENT AT RISK FOR ANAPHYLAXIS



ALLERGIC TO: _____

Student's Name: _____ DOB: _____ ID#: _____

Grade: _____ Teacher: _____ Date of Plan: _____

Emergency Contact Information: Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

School Nurse: _____ Phone: _____

Health Care Provider: _____ Phone: _____

[] If checked, give epinephrine immediately for ANY symptoms if the student was likely exposed to the allergen.

[] If checked, give epinephrine immediately if the student was definitely exposed to the allergen, even if no symptoms are noted.

Table with 3 columns: Symptom description, Epinephrine, Antihistamine. Rows include: If food allergen has been ingested, but no symptoms; Mouth itching, tingling, or swelling of lips, tongue, mouth; Skin hives, itchy rash, swelling of face or extremities; Gut nausea, abdominal cramps, vomiting, diarrhea; Throat tightening of throat, hoarseness, hacking cough; Lung shortness of breath, repetitive coughing, wheezing; Heart weak or thready pulse, low blood pressure, fainting, pale, blueness; Other; If reaction is progressing (several of the above areas affected).

Medication/Dose: Medication is stored: _____

Epinephrine (brand/dose): _____

Antihistamine (brand/dose): _____

Other (e.g. inhaler if asthmatic) _____

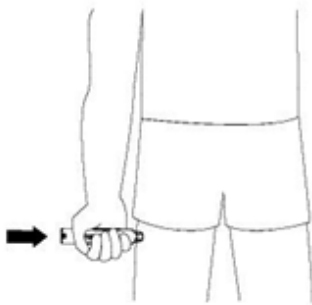
- Self-Care Skills of Student: [] Knowledge of safe and unsafe foods; [] Knowledge of strategies to avoid exposure to unsafe foods; [] Able to read food labels for ingredients; [] Knowledge of symptoms of allergic reaction/when to notify adult; [] Responsible to carry and self-administer EpiPen

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

A drenaclick™ 0.3 mg and A drenaclick™ 0.15 mg Directions



Remove **GREY** caps labeled "1" and "2."



Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds. then remove.

A food 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 Food Allergy Action Plan.

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

1. After administration of medication, **REMAIN WITH THE STUDENT** and monitor the student's response to the medication.
2. The campus administrator should contact EMS and the student's parents. **Inform EMS that epinephrine was given.**
3. The campus secretary should arrange for a staff member to guide EMS and parents to the student's location.
4. The campus secretary should notify Student Health Services that EMS has been called.
5. The campus counselor should gather the student's personal effects, and address any questions/concerns from other students and staff.
6. Record the time of arrival/release of student to EMS or parents.

The signatures below serve to document that the campus nurse has reviewed the above emergency plan with the staff members indicated:

Campus Nurse/Date

Staff Member/Position/Date

Staff Member/Position/Date

Staff Member/Position/Date

Staff Member/Position/Date

Staff Member/Position/Date