



Individual Allergy Management Plan
LIFE-THREATENING FOOD ALLERGY

Student Name: _____ Birthdate: _____

Severe ALLERGY to: _____

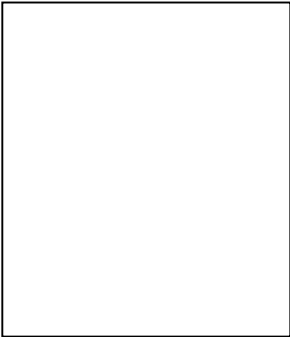
Teacher: _____ Grade: _____

School: _____

Asthma: Yes (higher risk for severe reaction) No Weight: _____

Other Known Allergies: _____

Current Medications: _____



CONFIDENTIAL

DESCRIPTION OF HEALTH CONCERN:

This student has severe food allergies and may develop anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction. During anaphylaxis, allergic symptoms can affect several areas of the body and may threaten breathing and blood circulation. At present, strict avoidance of problem foods is the only way to prevent anaphylaxis. Anaphylaxis often begins within minutes after a person eats a problem food. Less commonly, symptoms may begin hours later. Epinephrine is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector, that can be stored in the school health office or carried and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective. **Even if epinephrine is administered promptly and symptoms seem to subside completely, the student who was treated with epinephrine should always be taken to the emergency room via ambulance for further evaluation and treatment.**

DATE OF LAST ALLERGIC REACTION: _____

STUDENT HOSPITALIZED: [] Yes [] No

SPECIFIC SYMPTOMS THIS STUDENT HAS EXPERIENCED IN THE PAST INCLUDE: _____

Steps to take if you suspect an allergic reaction

Treat student first

Activate School Emergency Response Team for Assistance

Remain calm and reassure student

Have a second staff member call 911 if epinephrine is administered and call emergency contacts/school nurse

Follow physician directions outlined below

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

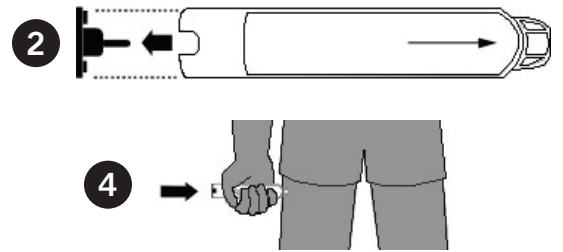
Antihistamine Dose: _____

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

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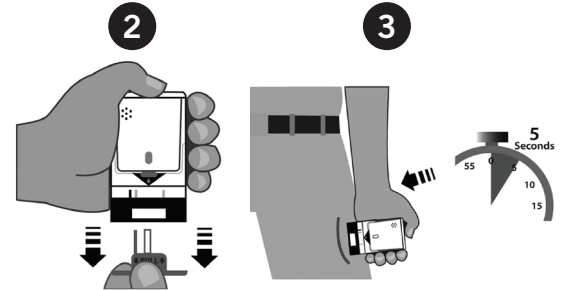
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



ADRENACLICK®/ADRENACLICK® 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.



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

EMERGENCY CONTACTS — CALL 911

1. Name _____ home _____ cell _____ work _____
2. Name _____ home _____ cell _____ work _____
3. Name _____ home _____ cell _____ work _____

I request this medication to be given as ordered by the licensed health care provider
 I give the school nurse permission to communicate with the licensed health providers office about this prescribed medication
 This Medical/Medication information may be shared with school staff and 911 responders for the safety of my child
 I understand that medication(s) may be administered by non-licensed school personnel who have received medication training

My child has demonstrated to a licensed health care provider the skill necessary to use the prescribed emergency medication and any device necessary to self-administer medication. I hereby request and authorize my child to carry and/or self administer their medication. Yes No

I understand that the permission to possess and self administer epinephrine may be revoked by the school nurse or principal if it is determined that my child is not safely and effectively able to self administer emergency medication(s).

Individual Allergy Management Plan continued ...

LIFE-THREATENING FOOD ALLERGY

Individuals are responsible for understanding their role and responsibilities in preventing an anaphylactic reaction. Refer to Guidelines for Managing Life Threatening Allergies (Administrative Procedures) Policy Code JHCG-ADM

INDIVIDUAL STUDENT CONSIDERATIONS:

- SCHOOL BUS – Transportation will be alerted to student's allergy
- This student rides the bus Yes No Bus # _____
- This student self carries epinephrine on the school bus Yes No
- Epinephrine auto-injector can be found in Backpack Waistpack On person
- Other (specify) _____
- Student will sit at the front of the bus (per designated seating request) Yes No
- Other (specify): _____

FIELD TRIP PROCEDURES: Epinephrine will accompany student during any off site activities and a staff member trained to Wisconsin DPI medication standards will accompany student

- Student should remain with the teacher or parent during the entire field trip Yes No
- Staff member must be trained in epinephrine administration and the student management plan must accompany students on all of campus events.
- Other (specify) _____

CLASSROOM

- Student is allowed to eat only the following foods: _____
- Those in manufacturer's packaging with ingredients listed and determined allergen safe by the parent
- Those approved by the parent
- Middle or high school student will be making his/her own decision
- Alternate snacks will be provided by parent or guardian to keep in the classroom
- Parent/guardian should be advised of the planned parties as early as possible
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens
- Other (specify) _____

CAFETERIA NO Restrictions

- Student must sit at specified allergen aware table yes No
- Student will sit at classroom table cleansed according to procedure guidelines Yes No
- Cafeteria staff will be notified of student's allergy
- Other (specify) _____

AFTER SCHOOL SPONSORED ACTIVITIES:

- Will your child take part in after school sponsored activities this school year? Yes No

It is the responsibility of the parent to inform after school activity coordinators of life-threatening allergies and provide emergency medication. School personnel are instructed to call 911 in the event of an emergency.

Parent/Guardian Signature / Date