

BURLINGTON COUNTY SPECIAL SERVICES SCHOOL DISTRICT

ANAPHYLAXIS INDIVIDUAL EMERGENCY CARE PLAN

STUDENT NAME _____ DOB _____ TEACHER _____

Allergy to: _____

Asthmatic: ☐ Yes*

☐ No

*Higher Risk for Severe Reaction

Parent/Guardian Name/Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

TO BE COMPLETED BY PHYSICIAN'S OFFICE

This reaction ☐ could ☐ could not be described as anaphylactic. Symptoms, which student presented, include:

Please check off the appropriate symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Skin: Hives (red blotches or itchy welts); severe swelling | <input type="checkbox"/> Throat: tightness, trouble speaking, and trouble breathing |
| <input type="checkbox"/> Eyes: tearing, redness, itching | <input type="checkbox"/> Nose: running, itching, congested |
| <input type="checkbox"/> Lungs: shortness of breath | <input type="checkbox"/> Mouth: itching, swelling of lips, tongue or mouth |
| <input type="checkbox"/> Brain: anxiety, agitation, or loss of consciousness | <input type="checkbox"/> Heart/Circulation: weak pulse, loss of consciousness |
| <input type="checkbox"/> Gut: repeated vomiting, nausea, abdominal pain (diarrhea later) | |

In the event of an allergic reaction, the school nurse should proceed as follows:

1. If the child develops only hives (only skin problems), give antihistamine.
 - a. Dose: Diphenhydramine _____ mg by mouth. **Oral antihistamine must be given only by nurse or parent.**
 - b. Observe for additional symptoms for the next 6 hours: notify parent/guardian
2. If the child develops any of the signs of severe reaction of anaphylaxis, immediately inject Epinephrine IM
 - a. Dose: ☐ .15 mg ☐ .30 mg This dose of IM Epinephrine may be repeated in 15 minutes if symptoms recur.
 - b. Give the dose of Benadryl by mouth.
 - c. Call 911, then notify parent/guardian.
3. If wheezing occurs, treat with: _____

In the event of an allergic reaction when the school nurse is not physically present at the scene. (field trip, after school activities, or athletics):

- a. I give my permission for this child to self-medicate when able. The student is allowed to administer a pre-measured dose of an antihistamine simultaneously with Epinephrine via auto-injector mechanism only for anaphylaxis.
- b. This student has been trained in use of epinephrine via auto-injector mechanism. _____ (Physician's Initials)
- c. If this child is not able to self-medicate, in the event of an anaphylactic reaction when the nurse is not available, I give my permission for the trained delegate to administer a single dose of epinephrine via an auto-injector mechanism and to call 911.
- d. I understand that the delegate is not permitted by NJ State law to give Diphenhydramine.

PLEASE NOTE: WHEN A NURSE IS NOT PHYSICALLY PRESENT AT THE SCENE, A TRAINED DELEGATE WILL GIVE EPINEPHRINE AND ANY ANTIHISTAMINE ORDER WILL BE DISREGARDED.

Physician's Signature

Date

Office Stamp

As the parent/guardian, I shall indemnify and hold harmless the district and its employees for any injury arising from the administration of a single, pre-filled, auto-injector of epinephrine to my child. I agree with the plan as developed by my child's physician, and will provide the prescribed medications.

Parent/Guardian Signature

Date

The Burlington County Special Services School District Board of Education shall have no liability as a result of injury arising from the administration of the epinephrine auto-injector to a student when the above procedures are followed. Please note that NJ State Law PL 1997, C368 allows the delegate to administer Epinephrine only.