## **BURLINGTON COUNTY SPECIAL SERVICES SCHOOL DISTRICT**

## **ANAPHYLAXIS INDIVIDUAL EMERGENCY CARE PLAN**

STUDENT NAME		DOB	TEACHER_	
Allergy to:				
Asthmatic: E	]Yes* □No	*Higher Risk f	or Severe Reaction	
Parent/Guardian I	Name/Relationship	Home Phone	Work Phone	Cell Phone
TO BE COMPLETED BY PHYSICIAN'S OFFICE  This resertion Clearly — Decayle not — the described as approbalactic. Symptoms which student presented include:				
This reaction □could □could not be described as anaphylactic. Symptoms, which student presented, include:  Please check off the appropriate symptoms: □Skin: Hives (red blotches or welts which itch); severe swelling □Eyes: tearing, redness, itching □Nose: running, itching, congested □Lungs: shortness of breath, rapid breathing, cough, wheeze □Brain: anxiety, agitation, or loss of consciousness □Heart/Circulation: weak pulse, loss of consciousness □Gut: repeated vomiting, nausea, abdominal pain (diarrhea later)				
<ol> <li>In the event of an allergic reaction, the school nurse should proceed as follows:</li> <li>If the child develops only hives (only skin problems), give antihistamine.         <ul> <li>a. Dose: Benadrylmg by mouth. Oral antihistamine must be given only by nurse or parent.</li> <li>b. Observe for additional symptoms for the next 6 hours: notify parent/guardian</li> </ul> </li> <li>If the child develops any of the signs of severe reaction of anaphylaxis, immediately inject Epinephrine IM         <ul> <li>a. Dose: □.15mg □.30mg This dose of IM Epinephrine may be repeated in 15 minutes if symptoms recur.</li> <li>b. Give the above dose of Benadryl by mouth.</li> <li>c. Call 911, then notify parent/guardian.</li> </ul> </li> <li>If wheezing occurs, treat with:</li></ol>				
<ul> <li>In the event of an allergic reaction when the school nurse is unavailable (field trip, after school activities, or athletics):</li> <li>a. I give my permission for this child to self-medicate when able. This student is allowed to administer a pre-measured dose of an antihistamine simultaneously with the Epinephrine via auto-injector mechanism only for anaphylaxis.</li> <li>b. This student has been trained in use of epinephrine via auto-injector mechanism. (Physician's Initials)</li> <li>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.</li> <li>d. I understand that the delegate is not permitted by NJ State law to give Benadryl.</li> </ul>				
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 Signatur	re	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.				