



# CHULA VISTA ELEMENTARY SCHOOL DISTRICT

## Allergy and Anaphylaxis Emergency Plan

Attach  
child's  
photo

<b>Name:</b>	<b>DOB:</b>	<b>Weight:</b>	<b>(lbs or kg)</b>
<b>Date of Plan:</b>	<b>Age:</b>		
<b>Allergies:</b>			

- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
 Child has had anaphylaxis.  Yes  No (If yes, higher chance severe reaction)  
 Child may carry medicine.  Yes  No  
 Child may give him/herself medicine.  Yes  No (If child refuses/is unable to give, an adult must give medicine)

**The "Always-Epinephrine" Option:** If checked, **give epinephrine** immediately, if the child has ANY symptom (mild or severe) after a sting or eating a food listed above.  
 (Option advised for those schools where a nurse is not always present.)

**\*\*IF IN DOUBT, GIVE EPINEPHRINE.** ANAPHYLAXIS is a potentially life-threatening, severe allergic reaction

<p><b>For SEVERE Allergy or Anaphylaxis!</b>  <b>What to look for:</b>        If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>➤ <u>Breathing:</u> trouble breathing, wheeze, cough</li> <li>➤ <u>Throat:</u> tight or hoarse throat, trouble swallowing or speaking</li> <li>➤ <u>Brain:</u> confusion, agitation, dizziness, fainting, unresponsiveness</li> <li>➤ <u>Gut:</u> severe stomach pain, vomiting, diarrhea</li> <li>➤ <u>Mouth:</u> swelling of lips/tongue affecting breathing</li> <li>➤ <u>Skin:</u> face color is pale or blue, many hives or redness over body</li> </ul>	<p><b>Give EPINEPHRINE!</b>  <b>What to do:</b></p> <ol style="list-style-type: none"> <li>1. <b>Inject epinephrine right away!</b> Note the time.</li> <li>2. Call 911.           <ul style="list-style-type: none"> <li>➤ Ask for ambulance with epinephrine.</li> <li>➤ Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:           <ul style="list-style-type: none"> <li>➤ Call parents</li> <li>➤ <b>Give a second dose of epinephrine</b>, if symptoms worsen or do not get better in 5 minutes.</li> <li>➤ Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side.</li> </ul> </li> <li>4. Give other medicine, (antihistamine, inhaler) if prescribed, but <b>NOT IN PLACE</b> of epinephrine.</li> </ol>
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<p><b>For MILD Allergic Reaction</b>  <b>What to look for:</b>        If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, give antihistamine and monitor the child.        Mild symptoms may include:</p> <ul style="list-style-type: none"> <li>➤ <u>Skin:</u> a few hives, mild rash, mild swelling</li> <li>➤ <u>Mouth/nose/eyes:</u> itching, rubbing, sneezing</li> <li>➤ <u>Gut:</u> mild stomach pain, nausea or discomfort</li> </ul> <p>Note: if child has more than one mild symptom area affected, give epinephrine</p>	<p><b>GIVE antihistamine and Monitor the Child</b>  <b>What to do:</b></p> <ol style="list-style-type: none"> <li>1. Give antihistamine if prescribed.</li> <li>2. <b>If in doubt, give epinephrine.</b></li> <li>3. Call parents.</li> <li>4. Watch child closely for 4 hours.</li> <li>5. <b>If symptoms worsen, give epinephrine.</b>        (See section "For Severe Allergy and Anaphylaxis.")</li> </ol>
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### Medicine/Doses

Epinephrine (intramuscular in thigh):  0.15 mg  0.30 mg  
 Antihistamine (by mouth):  Diphenhydramine \_\_\_\_\_ mg (\_\_\_\_ ml)  Other \_\_\_\_\_: \_\_\_\_\_ mg (\_\_\_\_ ml)  
 Other medications:  Albuterol 2-4 puffs  other: \_\_\_\_\_

<b>PROVIDER</b> (Electronic) Signature	Name (printed)	Phone #	Date
<b>PARENT/GUARDIAN</b> Signature	Name (printed)	Phone #	Date
<b>Reviewed by School Nurse</b>			Date



# CHULA VISTA ELEMENTARY SCHOOL DISTRICT

## Allergy and Anaphylaxis Emergency Plan

Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

### Additional Instructions:

### Contacts:

Doctor name (print): \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Other Emergency Contacts:

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reviewed by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_