Our Lady of Mt. Carmel School
Office of the School Nurse
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59 East Main Street
Elmsford, NY 10523

Anaphylaxis (Severe Allergic Reaction) Emergency Action Plan

A copy of this form should be given to each of the child's caregivers.

Student's Name: DOB

Teacher:

Asthmatic? __ NO __ Yes (associated with a higher risk for severe reaction)

My child's anaphylaxis (severe allergic reaction) triggers are:

- ☐ Peanuts
- ☐ Tree Nuts
- ☐ Milk
- ☐ Eggs
- ☐ All Dairy
- ☐ Fish
- ☐ Shellfish
- ☐ Latex
- ☐ Food Additives:
- ☐ Insect Stings:
- ☐ Medications:
- ☐ Other:

My child's anaphylaxis symptoms are usually:

- ☐ Swelling (eyes, lips, face, tongue)
- ☐ Coughing or choking
- ☐ Flushed face or body
- ☐ Cold, clammy, sweaty skin
- ☐ Difficulty breathing or swallowing
- ☐ Stomach cramps, diarrhea, vomiting
- ☐ Dizziness, confusion, fainting, or loss of consiousness
- ☐ Unknown
- ☐ Other (please list)

Step 1: Treatment

EPINEPHRINE: Inject in the middle outer portion of the thigh

Auto-injector (circle one): winject 0.3 mg Twinject 0.15 mg EpiPen EpiPen Jr.

Other: give: _(Medication/dose/route)_____

Important: Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during anaphylaxis.

Step 2: Emergency Calls

1. Call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction.
2. Call parent/guardian:

   Home: *Cell:* *Work:*

Emergency Contacts:

Name	Relationship	Phone #1	Phone #2

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/Guardian Signature: (required)	*Date*
Doctor's Signature: (required)	*Date*