Wentzville School District

Allergy & Ananhylaxis Emergency Plan

Allergy & Allaphylaxis Efficigency Flam	
Child's Name: Age:	Date: Weight:
	weight
Child has Allergy to: Child has Asthma?	is unable to self-treat, an adult must give medicine.)
For severe Allergy and Anaphylaxis What to look for:	Give Epinephrine! What to do:
If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. Shortness of breath, wheezing, or coughing Skin color is pale or has a bluish color Weak pulse Fainting or dizziness Tight or hoarse throat Swelling of lips or tongue that bother breathing Vomiting or diarrhea (if severe or combined with other symptoms) Many hives or redness over body Feeling of "doom", confusion, altered consciousness, or agitation SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s):	 Inject epinephrine right away! Note time when epinephrine was given. CALL 911 Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given. Stay with child and: Call parents and child's doctor. Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. Keep child lying on back. If child vomits or has trouble breathing, keep child lying on his or her side. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. Antihistamine Inhaler/bronchodilator
For Mild Allergic Reaction What to look for: If a child has had any mild symptoms, monitor child. Symptoms may include: - Itchy nose, sneezing, itchy mouth - A few hives - Mild stomach nausea or discomfort	Monitor Child What to do: Stay with child and: - Watch child closely. - Give antihistamine (if prescribed). - Call parents and child's doctor. - If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy & Anaphylaxis")
Medicines/Doses: Epinephrine, intramuscular (list type): Antihistamine, by mouth (type and does): Other (for example, inhaler/bronchodilator if child has asthma): _	

Physician/HCP Authorization Signature Parent/Guardian Signature Date