Diocese of Arlington Catholic Schools
Office of Catholic Schools

SEVERE ALLERGY/ANAPHYLAXIS ACTION PLAN & TREATMENT AUTHORIZATION

Appendix F-4

PART I - TO BE COMPLETED BY PARENT

Student _____ Date of Birth_____ Teacher/Grade_____

Allergy _____

Weight _____lbs.

Route of Exposure ☐ Contact ☐ Ingestion ☐ Inhalation ☐ Sting

Asthmatic ☐ Yes* ☐ No *Higher risk for severe reaction

Parent / Guardian Initials _____

PART II - TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

☐ If checked, give epinephrine immediately for **ANY** symptoms if the allergen was likely eaten / contacted.

☐ If checked, give epinephrine immediately if the allergen was definitely eaten or contacted even if no symptoms are noted.

FOR **ANY** OF THE FOLLOWING: **SEVERE SYMPTOMS**

One or more of the following:

	LUNG	Short of Breath, wheeze, repetitive cough
	HEART	Pale, blue, faint, weak pulse, dizzy, confused
	THROAT	Tight, hoarse, trouble breathing or swallowing
	MOUTH	Obstructive swelling (tongue or lips)
	SKIN	Many hives over body

Or combination of symptoms from different body areas

	SKIN	Hives, itchy rashes, swelling
	GUT	Vomiting, cramps, pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring
4. Give additional medications if applicable
   a. Antihistamines
   b. Inhaler

Antihistamines and Inhalers are not to be depended upon to treat a severe reaction. USE EPINEPHRINE

MILD SYMPTOMS ONLY

	MOUTH	Itchy mouth
	SKIN	A few hives around mouth/face mild itch
	GUT	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE** if ordered
2. Stay with student, alert parent
3. If symptoms progress see above
4. Begin monitoring

MEDICATIONS / DOSES:

Epinephrine Auto-Injector (brand and dose): _____

Antihistamine (brand and dose): _____
(Antihistamines should NOT be used as a first line of treatment during an anaphylaxis episode. It will treat itching ONLY-it will not halt vascular collapse or swelling!)

Other (e.g., Inhaler-bronchodilator if wheezing)_____

It is my professional opinion that this student SHOULD/SHOULD NOT carry his/her epinephrine auto-injector.

Licensed Health Care Provider (Print)	Licensed Health Care Provider (Signature)	Telephone	Date
_____	_____	_____	_____

Form adapted compliments of FARE www.foodallergy.org *Revised 2015*

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PART III - PARENT SIGNATURE REQUIRED

Student_____ Date of Birth _____Teacher/Grade_____

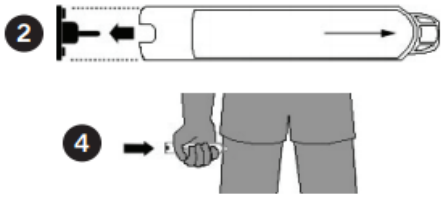
Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking.

MONITORING

Stay with student, Call 911 and parent. Tell 911 epinephrine was given, request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given within 15 minutes, after the first, if symptoms persist or recur. Place student in rescue position. Treat student even if parents cannot be reached.

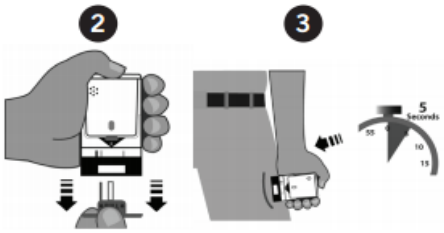
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this action plan and treatment authorization. A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS:

Name/Relationship: _____ Phone:_____
Name/Relationship: _____ Phone:_____
Name/Relationship: _____ Phone:_____

I hereby authorize for school personnel to take whatever action in their judgment may be necessary in providing emergency medical treatment consistent with this plan, including the administration of medication to my child. I understand the Virginia School Health Guidelines, Code of Virginia, 8.01-225 protects school staff members from liability arising from actions consistent with this plan.

_____ _____ _____
Parent / Guardian Signature Telephone Date

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PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual**.
2. **Schools do NOT provide medications for student use**.
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All** medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days **also** require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form**.
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
    a. Student name
    b. Date of Birth
    c. Diagnosis
    d. Signs or symptoms
    e. Name of medication to be given in school
    f. Exact dosage to be taken in school
    g. Route of medication
    h. Time and frequency to give medications, as well as exact time interval for additional dosages.
    i. Sequence in which two or more medications are to be administered
    j. Common side effects
    k. Duration of medication order or effective start and end dates
    l. LHCP's name, signature and telephone number
    m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
    a. Name of student
    b. Exact dosage to be taken in school
    c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate**. **The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen).

14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.