

BEDFORD PUBLIC SCHOOLS
Food and Insect Allergy Action Plan

Place
Student's
Picture
Here

Name: _____ Grade: _____ DOB: _____

Allergies: _____

Asthma: ☐ Yes (higher risk for severe reaction) ☐ No

SIGNS OF AN ALLERGIC REACTION

- MOUTH** itching & swelling of the lips, tongue, or mouth
- THROAT*** itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- SKIN** hives, itchy rash, and/or swelling about the face or extremities
- GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- LUNG*** shortness of breath, repetitive coughing, and/or wheezing
- HEART*** pale, blue, faint, weak, dizziness, passing out

Only a few symptoms may be present. The severity of symptoms can change quickly.

* The above listed symptoms can be life-threatening. ACT FAST!

TO BE COMPLETED BY PRIMARY CARE PROVIDER- EMERGENCY STEPS

Give EpiPen immediately following the onset of any generalized symptoms, such as those listed above, after accidental exposure to ingestion of known food allergen.

1. Inject epinephrine in thigh using (check one): ☐ EpiPen Jr. (0.15 mg) ☐ EpiPen (0.30 mg)
☐ Auvi-Q (0.15 mg) ☐ Auvi-Q (0.30 mg)
2. Call Rescue Squad 911
3. Notify Parents (see School Nurse Emergency Form for emergency contact information)

Antihistamines

***Please note antihistamines and inhalers cannot be depended on in anaphylaxis**

Antihistamines may be given by the school nurse, if ordered by a healthcare provider. Mild symptoms may include itchy/runny nose, itchy mouth, a few hives, mild itchiness.

Antihistamine brand or generic: _____ Dose: _____

Comments: _____

*****Benadryl will not be sent on field trips per DPH regulations.*****

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back or attached for auto injection technique.

Parent/Guardian Signature

Date

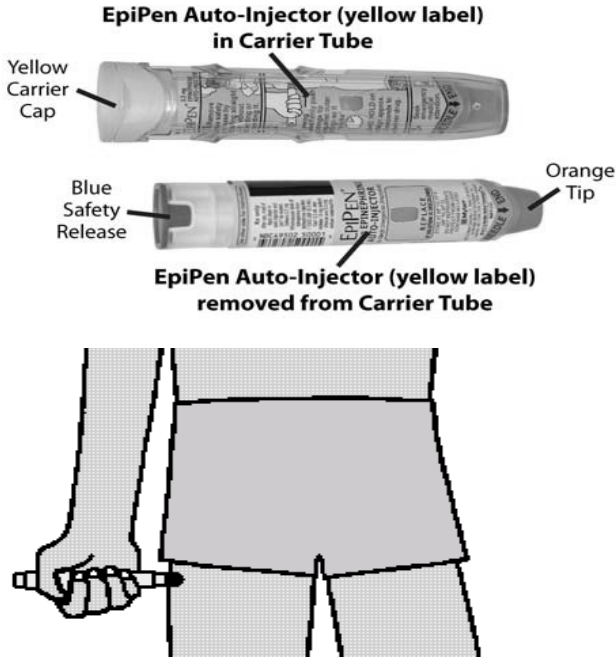
Physician/Healthcare Provider Signature

Date

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EPIPEN



Epipen Auto-Injector Directions:

- First, remove the Epipen from the plastic carrying case
- Pull off the BLUE safety release cap
- Hold ORANGE tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds

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AUVI-Q



Auvi-Q Auto-Injector Directions:

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions
- Pull off RED safety guard
- Place BLACK end against outer thigh, then press firmly and hold for 5 seconds

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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 Allergy Action Plan. A kit must accompany the student if he/she is off school grounds (i.e. field trips).

CONTACTS

Call EMS: 911 Doctor: _____
 Parent/Guardian: _____

Phone: _____
Phone: _____

Other Emergency Contacts

Name/Relationship: _____
Name/Relationship: _____

Phone: _____
Phone: _____