

WILMINGTON PUBLIC SCHOOLS
Food and Insect Allergy Action Plan

Place
Student's
Picture
Here

Name: _____ D.O.B. ____/____/____

Severe Allergy to: _____ Weight: _____ lbs.

- Child has Asthma: YES NO (If yes, higher risk for severe reaction)
Child has had anaphylaxis YES NO
Child may carry medicine* YES NO (Recommended for students in Grades 6-12)
Child may give him/herself medicine* YES NO (Recommended for students in Grades 6-12)

**provided the school nurse determines it is safe and appropriate*

Any SEVERE SYMPTOMS after suspected or known Ingestion:

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/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications*
- Inhaler for Asthma

*Antihistamine & Inhalers are not to be depended upon to treat a severe reaction (anaphylaxis),
USE EPINEPHRINE

Medication/Dose:

Epinephrine dose:

- 0.3 mg Adult IM May repeat 0.3 mg Adult IM
 .15 mg Child IM May repeat .15 mg Child IM

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 may be administered if applicable (see prescription label). For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See Page 2 for auto-injection technique.

Parent/Guardian Signature

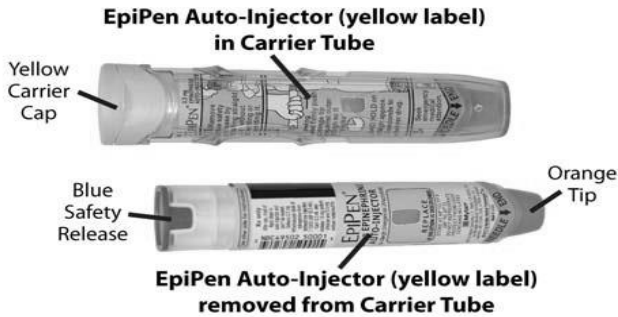
Date

Physician/Healthcare Provider Signature Date

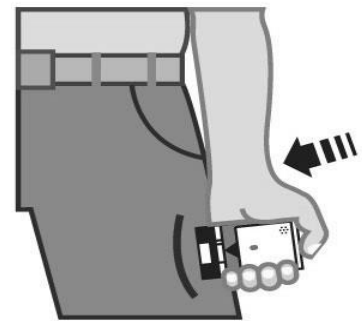
WILMINGTON PUBLIC SCHOOLS

Food and Insect Allergy Action Plan

EPIPEN or Generic EPINEPHRINE



AUVI-Q



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

DEY® and the Dey logo are registered trademarks of Dev Pharma, L.P.

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

© 2002-2013 sanofi-aventis U.S. LLC.
All rights reserved

NOTE: Twinjects are not allowed to be administered by Wilmington School Nurses or delegated to non-nursing school personnel (per MDPH). Please provide EPIPEN/EPIPEN Jr's, Auvi-Q or Generic Epinephrine only, per WPS Medication Policy. Thank you.

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: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

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

Notice of Non-Discrimination All educational and non-academic programs, activities and employment opportunities at Wilmington Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability, and any other class or characteristic protected by law.