Anaphylaxis Individual Emergency Care Plan – Pemberton Township Public Schools.

Name: ___________________________ D.O.B.: ___________________________

Allergy to: ___________________________

Weight: ______ lbs.  Asthma: □ Yes (higher risk for a severe reaction) □ No

Does student have a documented incident of anaphylaxis? □ Yes □ No

Extremely reactive to the following:
Therefore:
□ Give epinephrine immediately for ANY symptoms if there was a likely exposure.
□ Give epinephrine immediately if there was exposure to the allergen, even if no symptoms are noted.

Otherwise:

Any SEVERE SYMPTOMS after suspected or known exposure:

One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confuse
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, crampy pain

MILD SYMPTOMS ONLY:

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

1. INJECT EPINEPHRINE IMMEDIATELY
   2. Call 911
   3. Begin monitoring (see box on back page)
   4. Give additional medications.*
      (If ordered)
      - Antihistamine
      - Inhaler (bronchodilator) if asthma

*Antihistamine & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

Medication/Doses:
Epinephrine: □ 0.15mg or □ 0.3mg □ May repeat dose in 15 minutes if symptoms continue.
Antihistamine: ___________________________

Other (e.g., inhaler-bronchodilator if asthmatic): ___________________________

*Please note that by NJ state law only the administration of epinephrine can be delegated to non-nursing school staff.

Self-Administration:
□ I have instructed the above student in the proper administration of epinephrine/antihistamine. It is my opinion that he/she is capable of self-administration. Student must notify teacher or School Nurse when he/she has administered epinephrine/antihistamine.

   OR

□ It is my opinion that the above student IS NOT capable of self-administration.

Contacts: Doctor: ___________________________ Phone: ___________________________
Parent/Guardian: ___________________________ Phone: ___________________________
Other Emergency Contact: ___________________________ Phone: ___________________________

Parent/Guardian Signature ___________________________ Date _____________
Healthcare Provider Signature ___________________________ Date _____________

Doctor's Office Stamp ___________________________
EPIGEN Auto-Injector and EPIGEN Jr Auto-Injector Directions

- First, remove the EPIGEN Auto-Injector 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. Remove the EPIGEN Auto-Injector and massage the area for 10 more seconds

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- Remove caps labeled “1” and “2.”
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
- **SECOND DOSE ADMINISTRATION:** If symptoms don’t improve after 10 minutes, administer second dose:
  - Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
  - Slide yellow collar off plunger.
  - Put needle into thigh through skin, push plunger down all the way, and remove.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions

- Remove GREY caps labeled “1” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

**Monitoring**

*Stay with student; alert healthcare professionals and parent.* Note time when epinephrine was administered and tell EMS. Give used epinephrine auto-injector to EMS for safe disposal. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See above for auto-injection technique.
Delegation of Epinephrine

(Permission to train qualified school personnel to administer epinephrine in the absence of the school nurse)

I acknowledge that my child __________________________ has a history of an allergic reaction; which may lead to anaphylaxis; a rapid, severe, life threatening allergic reaction to ____________________________________________________________
as documented by Dr. ____________________________.

In accordance with State Law 18A:40-12.5, I give permission for the school nurse to delegate the administration of epinephrine to my child when the school nurse is not immediately available. A copy of my child's Anaphylaxis Individual Emergency Care Plan will be shared with the delegate(s).

If you choose not to allow the school to train and assign a delegate, then your child will not be allowed to participate in after school clubs or activities when a school nurse may not be present.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the epinephrine via a pre-filled auto-injector mechanism.

State law mandates that once epinephrine has been administered the student must be transported to a hospital by emergency services personnel.

Signature of Parent/Guardian______________________________ Date__________

Signature of School Nurse______________________________