

Northern Burlington County Regional School District
160 Mansfield Road East
Columbus, NJ 08022
Phone: 609-298-3900
Fax: 609-324-8254- HS Nurse
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Web: www.nburlington.com

Health Office Staff- High School
Diane Applegate, RN, MSN, NJ-CSN
Ext. 2018

Health Office Staff- Middle School
Eileen Mancini, RN, BSN, NJ-CSN
Ext.4030

Emergency Allergy Action Plan

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

Allergy To: _____

Weight: ____lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

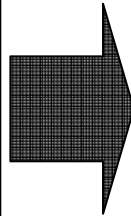
Any SEVERE SYMPTOMS after suspected or known ingestion:

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 reathing/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, cramping pain

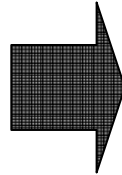


1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
 3. Begin monitoring (see box below)
 4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
- *Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

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



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses: Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

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

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 if 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/attached for auto-injection technique.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature Date

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Parents/Guardians

A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container.

Please select one to sign and date.

1. I verify that my child _____ has a potentially life threatening illness and **has been instructed in self- administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self administer prescribed medication.** I further acknowledge that the Northern Burlington County Regional School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by N.J.S.A. 18A:40-12.5 and 12.6 and Northern Burlington County School District policy are followed, I shall indemnify and hold harmless the Northern Burlington County Regional School District and it's employees or agents against any claims arising out of self administration of medication by my child. I further understand that if a nurse or delegate is unavailable, 911 will be called.

Signature of Parent/Guardian

Date

2. I verify that my child _____ has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Northern Burlington Regional School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by N.J.S.A. 18A:40-12.5 and 12.6 and Northern Burlington Regional School District Policy are followed, I shall indemnify and hold harmless the Northern Burlington Regional School District and it's employees or agents against any claims arising out of administration of medication to my child. I further understand that if a nurse or delegate is unavailable, 911 will be called.

Signature of Parent/Guardian

Date

Please select one to sign and date.

1. I understand and agree that under, N.J.S.A. 18A:40-12.5 and 12.6 a trained delegate will be assigned to administer epinephrine to my child in the absence of a school nurse. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate. I further understand that if a nurse or delegate is unavailable, 911 will be called.

Signature of Parent/Guardian

Date

2. I understand and disagree with N.J.S.A. 18A:40-12.5 and 12.6 and do not want a trained delegate to administer epinephrine to my child in the absence of a school nurse. Therefore, in the absence of a school nurse, 911 will be called.

Signature of Parent/Guardian

Date

SCHOOL USE ONLY

Signature of Principal Date

Signature of School Nurse Date