



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

SEVERE FOOD ALLERGIES EMERGENCY CARE PLAN

SCHOOL INFORMATION

- | | | | |
|--|---|--|--|
| <input type="radio"/> Little Prairie Primary School
2109 Townline Rd, East Troy
P: 262-642-6730, F: 262-642-2724 | <input type="radio"/> Prairie View Elementary School
2131 Townline Rd, East Troy
P: 262-642-6720, F: 262-642-6788 | <input type="radio"/> East Troy Middle School
3143 Graydon Ave, East Troy
P: 262-642-6740, F: 262-642-6743 | <input type="radio"/> East Troy High School
3128 Graydon Ave, East Troy
P: 262-642-6760, F: 262-642-6776 |
|--|---|--|--|

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Gr: _____ Sex: M F

Parent's Name: _____ Home #: _____ Cell #: _____

Physician's Name: _____ Phone #: _____ Fax #: _____

Physician's Address: _____ City: _____ St: _____ Zip: _____

ALLERGY INFORMATION

Allergen(s): _____

Student's response to exposure: _____

Asthmatic- Higher risk for severe reaction

PREVENTION AND INTERVENTION

Problem: Potential for anaphylaxis and/or less serious allergic reactions secondary to exposure to food allergen.

Goal: 1. Avoid exposure to food allergen. 2. Decrease potential for serious allergic reaction.

Interventions:

School Personnel:

- School Nurse/ Parent will inform teachers, food service employees, and first responder in school building about student's food allergy at the beginning of every school year/semester (if applicable- MS/HS).
- Teacher will call parent to question whether a particular food product is safe if unsure.
- If food provided by classmate has unknown content, allergic student will be instructed not to ingest it.
- At snack and lunch time, supervising staff will monitor student activity to prevent sharing of foods or exposure in any way (i.e. through topical exposure) between allergic student and classmates.
- Student will be instructed to tell staff immediately if exposed either through ingestion or topically to food allergen.

Parent/Family:

- Parent will inform school student's food allergies by completing Food Allergy Health Care Plan.
- Parent will be encouraged to send student to school with cold lunch and snacks.
- If parent requests food service to offer special dietary menu for student, the physician will have to complete the Children with Disabilities and Special Dietary Restrictions form available from the food service director or school nurse.
- Parent will provide special "safe snack box" for student to choose from if classmates bring treats containing allergen(s).
- Parent may request a table or seating may be requested for student with food allergy during meals/snacks.
- Student will be taught by parent (when child is old enough) to read labels, to identify sources of food allergens and advocate for him/herself regarding the food allergy as developmentally appropriate.
- All students with serious/ life threatening allergies will have the attached "FOOD ALLERGY ACTION PLAN" and medication orders completed by the parent and physician at the beginning of each new school year.
- Student with less serious allergies will have an oral antihistamine to use as needed for exposure at school and will complete a Non-Prescription Medication form for school.
- Other: _____

TREATMENT

Symptoms - Note: The severity of symptoms can quickly change.

- If exposed to allergen, but no symptoms
- Mouth- itching, tingling, or swelling of the lips, tongue, mouth
- Skin- hives, itchy rash, swelling of the face or extremities
- Gut- nausea, abdominal cramps, vomiting, diarrhea
- +Throat- tightening of throat, hoarseness, hacking cough
- +Lung- shortness of breath, repetitive coughing, wheezing
- +Heart- thready pulse, low blood pressure, fainting, pale, blueness
- Other: _____

• If reaction is progressing (several areas above affected), give:

+Potentially life-threatening

Med should be determined by physician

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> Epinephrine | <input type="radio"/> Antihistamine |
| <input type="radio"/> Epinephrine | <input type="radio"/> Antihistamine |
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| <input type="radio"/> Epinephrine | <input type="radio"/> Antihistamine |

Dosage

Epinephrine- Inject intramuscularly: Epi-Pen® Epi-Pen Jr® Other: _____

Epinephrine device must be readily accessible at all times: with student in office

Antihistamine (list med/dose/route): _____

Other (list med./dose/route): _____

Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Instructions for EpiPen

- Remove cap and grasp autoinjector firmly in your fist, with the tip pointing down.
- Remove the safety release (gray on EpiPen, green on Twinject).
- Jab autoinjector into outer thigh. (Both of these medications work through clothing.) Hold autoinjector in position for 10 seconds to deliver medication.
- Ensure that medication was delivered properly. EpiPen should "click" when medication is released and display a red window, while an exposed needle on the red tip of the Twinject indicates that the autoinjector has worked properly. If medication was not delivered in the first jab, repeat step 3.
- Massage thigh at the injection site for about 10 seconds.

STEPS AFTER EMERGENCY MEDICATION WAS GIVEN

- Call emergency services for help. State that an allergic reaction has been treated and additional epinephrine may be needed.
- Make a copy of the student's emergency info for emergency personnel. Mark on copy: "Epi-pen given at (time)" or "Epi-pen Jr. given at (time)"
- Treat student for shock until rescue squad arrives:
 - Elevate legs above the level of the heart
 - Keep warm
 - Provide rescue breathing or CPR as needed
- Notify parent/guardian, physician and school district nurse.
- If you have a second dose on hand (as with Twinject), get it ready: some reactions require multiple doses of epinephrine. To ready the second dose of Twinject, remove the rounded tip, pull up the blue plastic to remove the syringe, and remove the yellow safety collar. Inject medicine in the outer thigh as above. Be careful to avoid needle pricks when you remove the rounded tip and when you work with the syringe.

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

SIGNATURES

Physician's Signature: _____ Date: _____

This student may carry and self-administer this medication.

Parent's Signature: _____ Date: _____

For Office Use Only

Trained Staff Member: _____ Room #: _____

Trained Staff Member: _____ Room #: _____

Trained Staff Member: _____ Room #: _____

Notified

Classroom Teacher on: _____ by: _____

Building Food Service on: _____ by: _____

First Responders: on: _____ by: _____