



# SHREWSBURY PUBLIC SCHOOLS

## Department of Nursing



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### Allergy Emergency Action Plan

Attached you will find an "Allergy Emergency Action Plan." **This form should be submitted on or before the first day of school.** We ask that you and your child's physician complete and sign this annual form so that we will have permission to treat your child in the event of a life-threatening allergic reaction. This form will ask for the most current information regarding your child's allergy and contact information.

Shrewsbury Public Schools maintains a supply of **stock EpiPens® in each health office.** Families have the option to send a supply of epinephrine auto injector(s) in to school for use by their student, or to use the available stock in case of emergency. Please inform your school nurse of your preference at the beginning of the school year.

**Stock EpiPens® are available during the school day only.** Families must supply an epinephrine auto injector for extended school day programs or other activities that occur outside of the regular school day.

The Shrewsbury Public Schools District is registered with the Massachusetts Department of Public Health "to permit unlicensed, properly trained school personnel, (teachers, para-professionals, extended school care staff, bus drivers) to administer epinephrine by auto injector to students with a diagnosed life-threatening allergic condition when a school nurse (RN) is not immediately available". **School nurses cannot delegate prn (as needed) medications including antihistamines,** such as Benadryl, to unlicensed personnel (Board of Registration in Nursing, 244 CMR 3.05). Therefore, if the prescribed treatment of your child's life-threatening allergy includes an antihistamine, only epinephrine will be administered on any occasion when a school nurse is not available.

Thank you for your time and cooperation in this matter. We look forward to working with you to keep your child safe. If you should have any questions, please call your school nurse directly.

Respectfully,

The Shrewsbury Public School Nurses

Attachment: Allergy Emergency Action Plan  
Revised: 4/2017 - NLF

## Allergy Emergency Action Plan

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Photo: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

**ASTHMATIC** YES\*  High risk for severe reaction NO

### ◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<b>Give Checked Medication</b> (to be determined by physician authorizing)
<b>If a food allergen has been ingested, but no symptoms call family immediately to remove child from activity or seek medical attention other than 911.</b>	
<b>Mouth</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Skin</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Gut</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Throat*</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Lung *</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Heart *</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>*If this student presents with (or progresses to) two or more symptoms, the EpiPen® will be given, and 911 called as the severity of symptoms can change quickly and become potentially life threatening.</b>	

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one)      EpiPen®    EpiPen® Jr.  
(See second page for instructions)

**Antihistamine:** Give: \_\_\_\_\_  
Medication ~ Dose ~ Route

**Other:** Give: \_\_\_\_\_  
Medication ~ Dose ~ Route

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

### ◆ STEP 2: TREATMENT ◆

1. Call 911 / EMS : \_\_\_\_\_ . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Parent: \_\_\_\_\_ Phone(s): \_\_\_\_\_

4. Parent: \_\_\_\_\_ Phone(s): \_\_\_\_\_

5. Emergency Contacts:

Name/Relationship	Phone Numbers
a. _____	_____
b. _____	_____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this, you are giving permission for the school nurse/personnel to contact the prescriber to clarify orders or to discuss concerns related to the treatment of your child.

**Doctor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_

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### INDIVIDUAL CONSIDERATIONS

**Field Trip Procedures:** A registered nurse will accompany field trips for all students Pk-12 if psychotropic medication must be given or if in the nurse's judgment the student does not meet the conditions outlined for inhalers, insulin and EpiPen self-administration.

**OTHER:** please list any accommodations or additional information that will assist in the care of your child:

### Self-Medication - for School Age/Youth:

**YES**, Student can self-medicate. I have instructed \_\_\_\_\_ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self-administer his/her medication. Student has been instructed not to share medications. Should the student violate these restrictions, the privilege of self-medicating will be revoked, student's parent/guardian will be notified, and disciplinary action may be taken per schools' policy. Students are required to notify the nurse when carrying inhalers, insulin and EpiPens.

**NO**, It is my professional opinion that \_\_\_\_\_ SHOULD NOT carry or self-administer his/her medication.

**YES**, this child can and will carry their Epi-pen in their backpack only.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_

### Extended Day Programming at School

**Yes**, Student attends extended day at Shrewsbury Public Schools.

**No**, Student does not attend extended day at Shrewsbury Public Schools.

### Field Trip Procedures:

#### **Rescue meds should accompany child during any off-site activities**

The child should remain with staff or parent/guardian during the entire field trip

YES  NO

Staff members attending field trip must be trained regarding rescue medication use. A copy of the student's Individual Health Care Plan will be taken on trip.

**1. If an antihistamine needs to be administered, the parents will be called to pick up their child.**

**2. Extended day staff will remain with student until parent arrives or other emergency interventions are required.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Bus - Transportation should be alerted to child's allergy by parent/guardian