



Carroll County Public Schools Health Services
Emergency Plan – Anaphylaxis/Allergic Reaction

School Year:

Student Name:	DOB:
Current School:	Grade:
Parent/Guardian:	Parent/Guardian Phone Number:
Health Care Provider:	Health Care Provider Phone Number:
Date Plan Initiated/Revised	School Nurse:

SIGNS/SYMPTOMS

Notify the school nurse as soon as you observe symptoms.
 Attempt to determine if the student has been exposed to the known allergen.
 Allergic reactions may occur up to 24 hours after exposure to the allergen.

Mild symptoms of an allergic reaction:	<ul style="list-style-type: none"> • Itchy, runny nose • Sneezing • Itchy mouth • A few hives • Mild itching on skin • Mild nausea or stomach discomfort
Severe symptoms of an allergic reaction:	<ul style="list-style-type: none"> • Shortness of breath • Wheezing • Repetitive cough • Pale, blue skin • Faint or dizzy • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of the tongue or lips • Many hives or widespread rash/redness • Repetitive vomiting • Severe diarrhea • Anxiety or feeling of impending doom • Anxiety

TREATMENT

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| <ul style="list-style-type: none"> • An epinephrine auto-injector (EpiPen) is available in every health room to be administered in the event of an allergic reaction. • Administer epinephrine and antihistamine has ordered by the primary care provider. • Stay with student until emergency response team arrives |
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STEPS TO FOLLOW DURING AN EMERGENCY

IF YOU SEE THIS	DO THIS
Two or mild symptoms	<ul style="list-style-type: none"> • Administer epinephrine. • While treating, have another person call 911 (Emergency Medical Services).

This plan is in effect for the current school year and summer school as needed



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	<ul style="list-style-type: none"> • Follow epinephrine with Benadryl ___ mg and/or inhaler (if indicated by medical orders). • Lay student flat and raise their legs. Allow them to sit up if they are having difficulty breathing. • Remain with the student until emergency services arrives. • Contact the student’s parents/guardian. • Notify the school administration.
One or more severe symptom	<ul style="list-style-type: none"> • Administer epinephrine. • While treating, have another person call 911 (Emergency Medical Services). • Follow epinephrine with Benadryl ___mg and/or inhaler (if indicated by medical orders). • Lay student flat and raise their legs. Allow them to sit up if they are having difficulty breathing. • Remain with the student until emergency services arrives. • Contact the student’s parents/guardian. • Notify the school administration.
If you are aware that the allergen has been consumed, but no symptoms are evident.	-Refer to physician orders to complete.
If you suspect that the allergen has been consumed, but no symptoms are evident.	-Refer to physician orders to complete.

Special Instructions: (if needed) -Indicate if student self-carries epinephrine.
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Transportation Plan: (if needed)
Field Trip Plan: (if needed)
Lockdown/Evacuation Plan: (if needed)

Staff Trained to Implement Plan:

Date:

Parent Signature:

Date:

Health Care Provider Signature:

Date:

School Nurse Signature:

Date:

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