

LAMONI ANAPHYLAXIS ACTION PLAN

Student Name:

DOB:

Anaphylaxis is a rare, life - threatening allergy to certain substances such as **foods, bee stings, chemicals and medications**. It occurs rapidly and can close off the breathing passages. If instant treatment does not occur, it can be fatal.

Problem: Breathing difficulty

Goal: Maintain airway.

Action:

1. _____ has a severe allergy to _____ which can be life-threatening. Exposure to this/these substance(s) should be avoided, including skin contact.

2. Symptoms of anaphylaxis include:

Rapid onset

Feeling of throat "closing off"

Sweating

Weakness

Shallow respirations

Tingling sensation in mouth, face, or throat.

Feelings of apprehension

Itching

Wheezing

Loss of Consciousness.

3. Keep Epi-Pen near at hand. ***Student's Epi pen kept in the nurse's office.***

a. Designated school staff will be trained by the school nurse on the Epi-Pen procedure.

b.. Epi-Pen must be readily accessible and available at all times.

c.. Check expiration date of Epi-Pen. Parent to be notified when Epi-Pen is near expiration.

d. Epi-Pen will be sent with student's teacher for field trips.

4. ***If above anaphylaxis symptoms are noted***, administer Epi-Pen and call 911 immediately.

Follow administration directions on outside of Epi-Pen. Discard injector into a Sharp container. ***Be prepared to initiate CPR if necessary.***

5. Parent comments regarding treats and snacks in the classroom

I have read the above plan and I have made changes that I felt necessary to the plan. I understand that the above plan will remain in place as long as my child is a student in the Central Decatur Community School District. I understand that it is my responsibility to notify the school nurse when changes to the plan need to be made. I give permission for the information in this plan to be shared with my child's teachers, Building Emergency Response Team members, School Nurse's office staff and other school staff as deemed necessary.

Plan written by: _____

Date: _____