

**Webb City R-7 School District  
Allergy and Anaphylaxis Emergency Plan  
2018-2019**

**Kayte Dunaway, RN, BSN**  
Director of Nursing  
417-673-6010, ext. 236

**Amber Moreland, RN, BSN**  
Director of Nursing  
417-673-6070

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

**\*SIGNS OF AN ALLERGIC REACTION\***

*MOUTH	itching, tingling, or swelling of the lips, tongue or mouth
*THROAT	sense of tightness, itching in the throat, hoarseness, change in voice
*SKIN	hives, itchy rash, and/or swelling
*GUT	nausea, stomach cramps, vomiting, and/or diarrhea
*LUNG	shortness of breath, repetitive coughing, and/or wheezing
*HEART	fainting, dizziness, weak pulse, blueness, and/or pale skin

**\*\*\*TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL\*\*\***

**ALLERGY TO:** \_\_\_\_\_ **Date of Last Reaction:** \_\_\_\_\_

**ASTHMA:** \_\_\_\_ YES (high risk for severe reaction) \_\_\_\_ NO

**\*MEDICATION ORDERS\***

**Epinephrine**, intramuscular (list type/dose): \_\_\_\_\_

If symptoms persist after \_\_\_\_ minutes; give second dose of Epinephrine.

**Antihistamine** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Time** \_\_\_\_\_

**Other** (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**\*Licensed Healthcare Professional authorizing administration of above medications:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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**\*EMERGENCY ACTION PLAN\***

**If student has symptoms or you suspect exposure to their allergen:**

- 1. Inject Epinephrine Immediately.**
- 2. Call 911. Request ambulance with epinephrine.**
  - **Consider giving additional medications (following or with the epinephrine):**
    - **Antihistamine**
    - **Inhaler (bronchodilator) if asthma**
- 3. Notify parent/guardian**
- 4. Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on side.**
- 5. If symptoms persist, additional Epinephrine may be administered if ordered and available.**
- 6. The student must be transported by medical personnel or a parent and may NOT remain at school.**
- 7. Send a copy of the Confidential Health Form with EMS.**
- 8. Complete Incident Report**