

FREMONT PUBLIC SCHOOLS

HS ANAPHYLAXIS EPINEPHRINE EMERGENCY ACTION PLAN

****This information expires on July 31, _____**

Fremont Public Schools personnel are prohibited from providing or administering any medication to a student except as authorized by the Board Policy.

MEDICATIONS MUST BE CARRIED IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT

Child's name: _____ Date of plan: _____

Date of Birth: _____ Provider name/phone number: _____

Child has allergy to: _____

SYMPTOMS	ACTION STEPS
For Any of the following Symptoms (Stay with individual. Never leave alone) One or more of the following: LUNG: Short of breath, wheezing, repetitive coughing Heart: Pale, blue, faint, weak pulse, dizzy, confused Throat: Tight, hoarse, trouble breathing and/or Swallowing/speaking Mouth: Significant swelling of the tongue and/or lips Skin: Many hives over body, widespread redness Gut: Repetitive vomiting, severe diarrhea Neuro: Feeling something bad is about to happen, anxiety, fear	1. INJECT EPINEPHRINE AUTOINJECTOR IMMEDIATELY! (see medication/dosage below) 2. Call 911 3. Begin monitoring – Airway, Breathing, and Cardiac • Record time epinephrine used and inform EMS upon arrival. • Continue to keep on back with legs elevated above heart. If difficulty breathing or vomiting present, let individual sit up or lie on side. • Provide first aid/CPR as necessary.

MEDICATION/DOSAGE
Medication/Dosage: Select appropriate epinephrine autoinjector dose, based on weight. Dosage: ☐ 0.15 mg Epinephrine autoinjector IM, if less than 66 pounds ☐ 0.30 mg Epinephrine autoinjector IM, if 66 pounds or more

☐ **Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their epinephrine autoinjector, including when to tell an adult if symptoms do not improve after taking the medication.**

AUTHORIZED SIGNATURES

Parent/Guardian Authorization Signature/Date

Physician Authorization Signature/Date