

EMERGENCY PLAN FOR ALLERGIC REACTIONS

When School Nurse is Absent, and Student is unable to self-administer EPI-PEN/TWINJECT

STUDENT: _____

DOB: _____

ALLERGEN:

- 1. If stung by insect: _____
- 2. After ingesting: _____
- 3. After exposure to: _____

ACTION TO BE TAKEN BY CAREGIVER:

1. Monitor student for signs of Anaphylaxis for 30 minutes under direct observation.
Symptoms may include:

<ol style="list-style-type: none"> a. Sneezing, wheezing, or coughing b. Shortness of breath or tightness of chest; difficulty in or absence of breathing c. Itching, with or w/o hives, raised red rash in any area of body d. Difficulty swallowing e. Swelling of eyes, lips, face, tongue, throat or elsewhere f. Hoarseness g. Sweating and anxiety h. Nausea, abdominal pain, vomiting & diarrhea 	<ol style="list-style-type: none"> i. Dizziness and/or fainting j. Involuntary bowel/bladder emptying k. Sense of impending disaster or approaching death l. Rapid or weak pulse m. Skin flushing or extreme paleness n. Burning sensation, especially face or chest o. Blueness around lips, inside lips, eyelids p. Loss of consciousness
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2. When any of the above signs are present, immediately administer EPI-PEN/TWINJECT (**0.15 mg** **0.3 mg**) according to the attached procedure.
Caregiver administering epi-pen/twinject _____
3. Call 911 for transport to hospital
4. Begin CPR for absent breathing/pulse
5. Scrape stinger away immediately, apply ice to sting bite
6. Notify parents

IF THE NURSE IS NOT ON THE PREMISES, NON-MEDICALLY TRAINED SCHOOL PERSONNEL WILL ADMINISTER EPINEPHRINE INJECTION.

As per parent/guardian of the above named student, I understand that if the procedures as specified in N.J.S.A. 18A:40-12.6 are followed, the district or non public school shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and that the parents or guardians shall indemnify and hold harmless the district, non public school, and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil.

Physician Signature: _____
Date

Phone: (____) ____ - _____

Parent/Guardian Signature: _____
Date

Phone: (____) ____ - _____

Other Emergency Contacts:

Name/Relationship: _____

Phone: (____) ____ - _____

Name/Relationship: _____

Phone: (____) ____ - _____