



QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

Where Our Future Begins

QACPS ANAPHYLAXIS HEALTH CARE PLAN

NAME: _____ DOB: _____ Grade: _____
School Year: _____ School: _____
Allergy/ potential Anaphylaxis to: _____

Anaphylaxis:

Is a severe allergic reaction that can be life threatening. It involves multiple body systems simultaneously. No two reactions are alike even in the same individual. It can occur immediately following an allergen exposure or up to two hours later. In some, a delayed or second reaction can occur after the initial reaction. This is called a biphasic reaction and can occur two to four hours after the initial reaction

Symptoms of Anaphylaxis

- Hives and/or rash
- Tingling sensation (especially face), flushing skin, itching
- Difficulty breathing or chest tightness
- Anxiety
- Throat tightening--may try to repeatedly clear throat
- Hoarseness
- Coughing or wheezing
- Swelling of lips, hands, eyelids, lips
- Stomach cramps, nausea, vomiting or diarrhea
- Paleness or bluish color in lips or fingertips
- Dizziness or faintness
- Unconsciousness
- Increased heart rate and/or decreased blood pressure

Nursing Diagnosis: ● Potential for ineffective breathing pattern related to bronchospasm and inflammation

of airways.

- Potential for alteration in health maintenance related to ability to self-medicate or seek help from others.
- Knowledge deficit related to allergens, allergy symptoms, treatment protocol.
- Anxiety related to potential allergic reaction.

Goals:

- Students will prevent allergen exposure by avoiding known allergen.
- Students will have an emergency care plan in place to include staff, students, and parents. ● Student will self-carry Epipen **if ordered by a Physician** and have with them at all times during school and school sponsored programs (ex: field trips)
- Students will notify school personnel if they feel they have been exposed to known allergen or if symptoms of an allergic reaction appear.
- The parent will provide the school with physician orders for medication and all medications ordered in accordance with district medication policy.

ANAPHYLAXIS HEALTH CARE PLAN

Nursing Interventions:

- The nurse will inservice school staff about allergic reactions/anaphylaxis, field trip requirements, treatment, where stock Epipens are located and how to use them.
- Nurse will distribute the student's emergency care plan to the student's teachers and to administrators.
- Nurse will notify the bus driver of student's allergy status.
- Encourage student & parents to have student wear a medical alert identifier
- Nurse will monitor student's and stock Epipens for expiration dates.
- Assess student's ability to self medicate with an Epipen **if necessary** and their ability to know when an allergic reaction is occurring.
- Discuss with parents if a student should sit at a peanut free table at the cafeteria during lunch, if not a physician note is required for safety and verification.
- Student's classrooms will be identified with only the **allergen sign and no student** demographic information will be shared for privacy. Those in direct contact with the student for ex: Teacher, Para, or teacher substitute will be aware of the allergen & student.
- Discuss with parents on limitations for social class events, ex: birthday parties, cupcakes, holiday socials.
- Notify cafeteria staff of allergen
- Identify and properly label cafeteria tables if requested by parents/guardians.

Expected Outcomes:

- The student will be able to participate in all school activities.
- The student will be able to describe steps to take if there is a suspected allergen exposure or if allergy

symptoms occur.

- The student will demonstrate proper technique of self-medication.
- The student will have their EpiPen with them at all times if a self-carry order is on file.
- The student will wear an allergy alert identifier.
- The student will avoid known allergens.
- Parents may provide a snack/treat that can be kept in the healthroom freezer or fridge in the event of class socials.

NAME: _____	DOB: _____	Grade: _____
School Year: _____	School: _____	
Parent/Guardian #1: _____	Cell: _____	Work: _____
Parent/Guardian #2: _____	Cell: _____	Work: _____
Physician: _____	Phone: _____	
Transportation: Bus: ____	Bus Number: _____	Drives: _____ Walker: ____ Parent Pick-up: ____
Bus driver alerted: YES ____	NO ____	

ALLERGY TO: _____
Asthma: YES ____ NO ____
EpiPen: <input type="checkbox"/> prescribed <input type="checkbox"/> In Health Room <input type="checkbox"/> Self-carry <input type="checkbox"/> Last used: _____
Antihistamine ordered: YES ____ NO ____ Dose: _____
NEVER USE ANTIHISTAMINE ALONE FOR ANAPHYLAXIS. AN ANTIHISTAMINE WILL NOT STOP AN ANAPHYLACTIC REACTION.
Other medications: _____

ANAPHYLAXIS EMERGENCY CARE PLAN

ACTION PLAN: Student's with EpiPen orders

- Administer EpiPen in outer upper thigh as ordered ***** **DO NOT WAIT FOR SIGNS/SYMPTOMS TO APPEAR.******* Document time administered. Stay with students at all times.
 - Notify nurse and/or administrator and instruct to call **911** for anaphylactic allergic reaction and EpiPen was administered.
- ***911 MUST BE CALLED WHENEVER EpiPen is administered*****
- Monitor vital signs and record. (heart rate may increase by 15-20% following epinephrine injection.
 - Notify the parent/guardian.
 - Give CPR if necessary.

Special Considerations:

Field Trips:

- The school nurse will be informed of all field trips in advance.
- If EpiPen has been prescribed it must accompany students. Student can self-carry if prescribed to do so.
- Students should remain with the teacher or their parent/guardian during the entire field trip.
- Staff members on trip must be trained regarding EpiPen use and take a copy of the emergency care plan.

Classroom

- If a student with food allergy is in classroom, snacks that could trigger an allergy response should not be consumed in the classroom.
- Parents/guardian should be advised of any planned parties (only for students with food allergy) as early as possible.
- Teachers will put a copy of the Emergency Care Plan in their substitute folder.

School Nurse: _____