

Fayette County School Health Services  
**SEVERE ALLERGY HEALTH CARE PLAN**

Please bring or mail this health care plan to the clinic or send to the secure FAX at 770-719-2639.

**Place  
Student's  
Picture  
Here**

**ALLERGY TO:** \_\_\_\_\_ Asthmatic  Yes  No

**Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_ **Grade/Team:** \_\_\_\_\_

**Extremely reactive to the following ALLERGEN:** \_\_\_\_\_

**IF FOOD Allergen, FOOD RESTRICTIONS:** \_\_\_\_\_

**If FOOD Allergen, FOOD SUBSTITUTIONS:** \_\_\_\_\_

**Any SEVERE SYMPTOMS after suspected or known exposure:  
One or more of the following:**

LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 SKIN: Many hives over body

**Or combination of symptoms from different body areas:**

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
 GUT: Vomiting, diarrhea, cramping pain

**MILD SYMPTOMS ONLY:**

MOUTH: Itchy mouth  
 SKIN: A few hives around mouth/face, mild itch  
 GUT: Mild nausea/discomfort



**1. GIVE EPINEPHRINE IMMEDIATELY**

2. Call 911
3. Begin monitoring (see below)
4. Give additional medications:\*  
 -Antihistamine  
 -Inhaler (bronchodilator) if asthma

*\*Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis).*

**USE EPINEPHRINE.**

**1. GIVE ANTIHISTAMINE**

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above),  
**USE EPINEPHRINE**
4. Begin monitoring (see below)

| MEDICATIONS                                  | Medication Name/Dose   |
|--|--|
| <b>Epinephrine</b><br>inject intramuscularly | <input type="checkbox"/> EpiPen Jr.® <input type="checkbox"/> Auvi-Q™ 0.15mg <input type="checkbox"/> Adrenaclick® Generic 0.15mg  |
|  | <input type="checkbox"/> EpiPen® <input type="checkbox"/> Auvi-Q™ 0.3mg <input type="checkbox"/> Adrenaclick® Generic 0.3mg  |
| <b>EXPIRATION DATE:</b>                      | <input type="checkbox"/> Give epinephrine immediately for ANY symptoms if <u>likely exposed to allergen.</u><br><input type="checkbox"/> Give epinephrine immediately if definitely exposed to allergen, <u>even if no symptoms are noted.</u> |
| <b>Antihistamine orally</b>                  |  |

- I have instructed the named student in the proper way to use his/her epinephrine auto-injector and it's my professional opinion this student should be allowed to carry and use that medication by him/herself.
- It is my professional opinion this student should not carry or self medicate with his/her epinephrine auto-injector.
- Student should NOT participate in outdoor activities if the pollen count is High or Very High.

► **Physician's Signature** ◀ \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT Physician's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

I, this child's parent/guardian, hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's severe allergy and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Fayette County Schools. This authorization expires as of the last day of the school year.

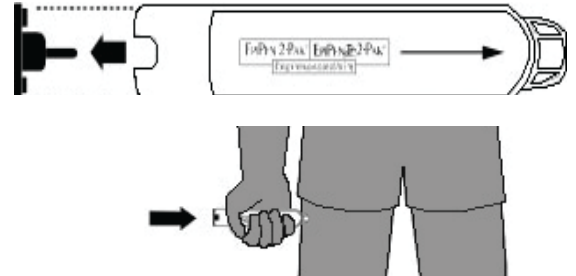
► **Parent/Guardian's Signature** ◀ \_\_\_\_\_ **Date:** \_\_\_\_\_

**MONITORING**

**Stay with student; alert healthcare professionals and parent.** Tell EMS epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. **Treat student even if parents cannot be reached.** See back for epinephrine auto-injection medication.

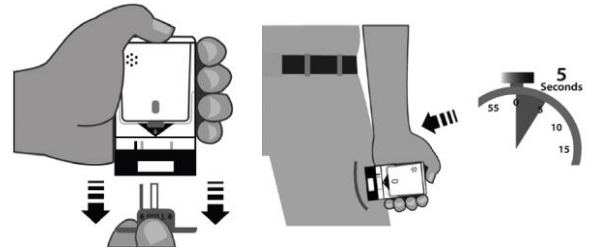
**EpiPen® (epinephrine) Auto-Injector Directions**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**Auvi-Q™ (epinephrine injection, USP) Directions**

1. Remove the outer case of Auvi-Q.  
This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



**Adrenaclick® Generic Directions**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**EMERGENCY CONTACTS – CALL 911**

| <i>Parent/Guardian/Contact</i> | <i>Relationship</i> | <i>Phone Number</i> | <i>Email</i> |
|--------------------------------|---------------------|---------------------|--------------|
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Implemented: August 2000

Revised: February 6, 2002; May 2003; August 2, 2004; March 7, 2006; July 14, 2010; July 20, 2011; April 13, 2012; May 9, 2012; May 20, 2013; February 10, 2014; March 12, 2014; May 16, 2014