****

**Individualized School Health Plan (ISHP) For Severe Allergic Reaction/Anaphylaxis**

**Effective Date: School:**

**Anaphylaxis** is a potentially life threatening allergy-related reaction to certain substances such as foods, bee stings, chemicals, latex, and medications. It occurs rapidly and can close off the breathing passages. The goal of this student’s school health plan is early recognition of symptoms and appropriate initiation of treatment which is vital to survival.

**STUDENT INFORMATION:**

Student’s Name Birth Date

Grade & Room # Teacher

Parent/Guardian Treating Physician

Phone Phone

Significant Medical History

**ALLERGY INFORMATION:**

|  |
| --- |
| **Allergic to:** Peanuts Tree nuts Bee Other Food Item (List:)  |
| **Description of student’s past allergic reactions, symptoms including triggers and warning signs:**Nausea, stomach cramps, vomiting or diarrhea Itching and swelling of the lips, tongue, or mouth HivesShortness of breath, hoarseness Symptoms requiring Epinephrine use Required emergency medical care for allergy in the last year Most recent allergic reaction was on (approximate date): Other: |

**EMERGENCY RESPONSE INFORMATION:**

|  |  |
| --- | --- |
| **Location of rescue medication:** Health office medication cupboard Location of cupboard key is known to trained staff Other | **Emergency Response:**-Stay Calm-Administer epinephrine as ordered-Call 911-Note the time-Monitor airway, breathing, circulation-Prepare to re-administer rescue medication if needed-Initiate CPR if breathing stops-Notify parents, physician and school administrator |
| **Location of Emergency Go Bag:** |
| **List of names of trained emergency responders (or attach):** |
| Nurse |  | Teacher |  |
| AHS |  | Classroom Aide |  |
| Noon Duty |  | Other |  |

**TREATMENT PROTOCOL: (See Medication Order & Treatment Plan for Anaphylaxis Emergency) SPECIAL CONSIDERATIONS, PRECAUTIONS & RISK REDUCTION ACTIONS:**

**(Regarding school activities, sports, trips, etc.)**

|  |
| --- |
| **Assess student’s developmental readiness for self-care and awareness.** (Agreement for Student to Carry and/or Self-Administer Auto-Injectable Epinephrine. |
| **Emergency Plan (extra supplies)** | **Medic Alert Bracelet** |
| **Food:** Home prepared School lunch | **Other** |
| **Bus transportation:** | **Classroom party planning:** |
| **Field Trips: Who will carry/administer epinephrine?** | **medication trained:** | Teacher | Parent Other |  |
| **After school activities:** |
| **Copies:** Parent Teacher/Sub PE | Library Music | Transportation | Health Office | Cum. |

**Parent Signature: Date:**

**School Nurse Signature: Date:**

**Staff Training:**

**DO NOT WAIT FOR LIFE-THREATENING SYMPTOMS TO APPEAR. WHEN IN DOUBT, TREAT AS ANAPHYLAXIS.**

**SYMPTOMS OFTEN PROGRESS RAPIDLY.** Physical Findings may include some or all of the following:

* Itching of the skin and raised rash (hives)
* Flushing, tingling, numbness, swelling of the lips, tongue, throat, hands, or feet
* Coughing, hoarseness, wheezing, shortness of breath
* Chest pain, rapid heart rate
* Abdominal pain, cramps, nausea, vomiting
* Headache, loss of consciousness
* Sweating, weakness
* Feeling of apprehension, sense of impending doom

**NEVER LEAVE A PERSON EXPERIENCING THESE SYMPTOMS ALONE**

# Parent responsibilities:

* Annually provide school with Anaphylaxis Action Plan completed by student’s primary doctor or allergist.
* Provide school with prescribed **EpiPen®**/ **TwinJect®** and replace when expired
* Train student at home to avoid allergen and to recognize signs of anaphylactic reaction

# School Responsibilities:

* Train teacher and appropriate supervisory staff to recognize signs and symptoms of anaphylaxis, per this teaching tool. Ensure all trained staff know where the **EpiPen®**/ **TwinJect®** is stored. If the **EpiPen®**/ **TwinJect®** is stored in a locked cabinet, **all** office and trained staff **must** know where the key is located. Train these staff to escort the student to the office or to call the office for help if symptoms are present.
* Identify staff who are trained to administer the **EpiPen®**/**TwinJect®** who will accompany student on field trips (parent may be offered the opportunity to accompany student).

# Student Responsibilities:

* Student will not accept food from others at school.
* Student will learn which foods served in the cafeteria may cause an allergic reaction and will avoid those foods.
* If the student is allergic to a non-food item, the student will learn what places or items on campus to avoid.
* The student will learn the signs and symptoms of anaphylaxis.
* The student will learn to respond immediately by informing an adult of his/her allergy and the need to use his/her **EpiPen®**/ **TwinJect®**.
* The student will learn where the **EpiPen®**/ **TwinJect®** is kept at school.
* A student’s age or maturity level may indicate the need for additional safeguards to be listed below.

Parent Signature: Date: Nurse’s Signature: Date: Student Signature: Date: