



Information for Parents of Students Diagnosed with Allergies and Prescribed Epinephrine 24-25

All students diagnosed with allergies requiring epinephrine are required to have the following form on file:

- Guerin Catholic High School Allergy Action Plan signed by a physician and parent/guardian**. Physician sections are highlighted in yellow and parent sections are purple. A new form is required at the beginning of each school year.

Carrying Epinephrine

We recommend the following:

1. Your student should carry their own epinephrine device (on their person) at all times.
2. An additional epinephrine device should be stored in the clinic.

Even the most responsible students have forgotten their epinephrine. If you do not provide an extra device, we cannot guarantee that rescue medication will be available, especially on field trips and retreats. *If we have physician permission for your student to carry epinephrine, your student may bring an extra device to the clinic and sign a form upon delivery, otherwise a parent/guardian should transport the device.*

Medical Tags

Medical bag tags are available in our office upon request. We highly recommend them if your student participates in sports or other extracurriculars.

★ Indiana requires these types of plans to ensure student safety. Failure to submit a plan puts your student at risk. If you are struggling with finances or need assistance in finding medical care, please contact us. Please feel free to reach out with any questions or concerns.

Mary Harris RN, BSN, Nancy Scott RN, BSN, Deedy Labus RN, BSN

Franciscan Health School Nurses

(317) 582-0120 Ext.111 FAX 317-219-0615

nurse@guerincatholic.org

Note: Do Not Depend on antihistamines or bronchodilators to treat a severe reaction. USE EPINEPHRINE

Student's Name: _____ DOB: _____

Student has an allergy to: _____








Asthma? No Yes (higher risk for severe reaction, complete asthma action plan)

SPECIAL SITUATION: The student is **extremely** allergic to allergens listed above. Therefore

- If checked give epinephrine immediately if allergen was **LIKELY** eaten for ANY symptoms.
- If checked give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms apparent.

Additional Comments/Instructions: _____

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS




 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	

OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Administer medications as instructed above.

Permission to Carry: **YES** If checked this student has been trained to use the medication (s) listed above and may carry and self-administer if needed to an allergic reaction.

Allergy Care Provider Signature

Please Print Provider Name

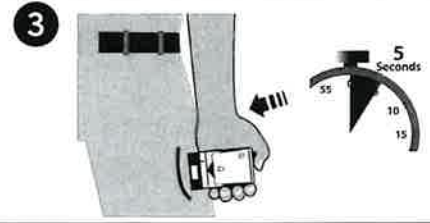
Date

Guerin Catholic High School: Allergy Action Plan page 2

Nurse Fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

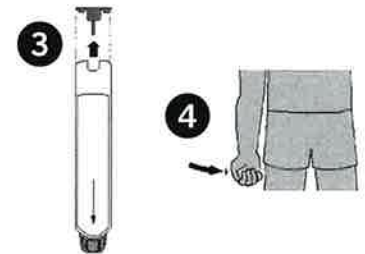
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



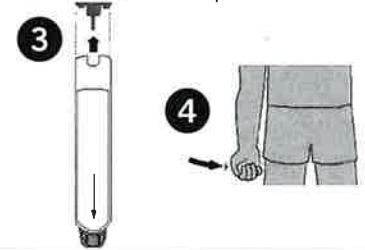
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



Emergency Contact Name & phone 1 _____

Emergency Contact Name & phone 2 _____

I give permission for the school nurse and any pertinent staff caring for my child to follow this plan, administer medication and care and contact the provider *if necessary*. I permit this to be shared with school staff in instances where necessary to promote safety for my child. I assume full responsibility for providing the school with unexpired prescribed medication and delivering devices and medications to the nurse. If I fail to provide medication, I understand that there may not be rescue medication available for my child and I assume this risk.

Parent signature

Date

Sports and Extracurricular Plan for Students with Life Threatening Allergies

A Franciscan Health nurse is present in the building during school hours. The nurse or a trained designee will oversee student safety during school hours and on school sponsored retreats and trips that occur during school hours. In order to plan for your student's care *outside* of school hours when a school nurse is not available, please choose one of the following options:

Option 1: If checked, I as the parent guardian/of the student named on page 1, will be responsible for informing any adult/coach/athletic trainer that is responsible for my child at an extracurricular activity. I will inform the adult in writing and instruct them as needed in the care of my child during the sport/ extracurricular activity.

Option 2: If checked, I as the parent/guardian of the student named on page 1 will be responsible for informing the school nurse, by completing the extracurricular activity information form (available on the parent resource page) when my child is participating in extracurricular activities, sports, etc. When this option is checked, the school nurse will send a copy of the Extracurricular Activity form, health plan and any additional pertinent information to the adult listed as being in charge of the activity. Any additional instruction required will be the responsibility of the parent/guardian.

Parent signature

Date