Loudoun County Public Schools Allergy Action Plan

Place

Student's Name:		_D.O.B:	Teacher:		Child's Picture
SEVERE ALLE	RGY TO: □Insects □Lat	ex □Food/Ot	ther		Here
anaphylactic rea	sthma inhalers and/or antihi				-
		♦STEP 1: T	REATMENT♦		
Symptoms:				cked Medication**: y physician authorizing treatmer	nt)
If a food	allergen has been ingested, but no	o symptoms:	☐ Epinephrin	e	
Mouth	Itching, tingling, or swelling of lip	s, tongue, mouth	☐ Epinephrin	e	
■ Skin	Hives, itchy rash, swelling of the extremities	face or	☐ Epinephrin	e	
■ Gut	Nausea, abdominal cramps, von	niting, diarrhea	☐ Epinephrin	e	
■ Throat†	Tightening of throat, hoarseness	, hacking cough	☐ Epinephrin		
■ Lung†	Shortness of breath, repetitive c wheezing	oughing,	☐ Epinephrin	e	
■ Heart†	Weak or thready pulse, low bloo fainting, pale, blueness	d pressure,	☐ Epinephrin	e	
■ If react affected	on is progressing (several of th	e above areas	☐ Epinephrin	e	
DOSAGE Epinephrine: inje (See reverse side	ect intramuscularly (circle one)			nclick® 0.3mg Adrenaclic ct® 0.15 mg	ck® 0.15 mg
Antihistamine: g	ive	m a dia atia	on/dose/route		
	ate that an allergic reaction	STEP 2: EMEI n has been trea	RGENCY CALLSo		
Emergency con Name/Relation a.	nship		umber(s)	2.)	
b		1.)		2.)	
It is medically r	necessary for this student	to carry epiner	ohrine during sch	nool hoursYES	NO
Doctor's Printed Name			Pho	one Number	
Doctor's Signatu				Α.	
Signature gives percontact physician	reermission for principal's designo if necessary.	ee to administer p	prescribed medicine	and gives principal's des	ignee permission to
Parent/Guardian's Signature			Date	e	

IF PARENT/GUARDIAN CANNOT BE REACHED, SCHOOL STAFF SHOULD NOT HESITATE TO MEDICATE

(rev. 04/10) 11:10

CHILD OR HAVE CHILD TRANSPORTED TO MEDICAL FACILITY!

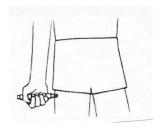
TRAINED STAFF MEMBERS

1.			
2.			
2			

EpiPen® and EpiPen® Jr. Directions: Pull off blue activation cap.



Hold orange tip near outer thigh (always apply to thigh).



Place orange tip firmly against outer thigh until auto-injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Room ______

Adrenaclick® 0.3 mg, Adrenaclick® 0.15 Mg, Twinject® 0.3 mg, and Twinject® 0.15 Directions:



Remove green or yellow caps labeled "1" and "2."

Place rounded red tip against outer thigh. Press down hard until needle penetrates thigh. Hold for 10 seconds, then remove the auto-injector.

SECOND DOSE ADMINISTRATION:

- If symptoms don't improve after 10 minutes, administer a second EpiPen® auto-injector or, a second Adrenaclick® auto-injector, or a second Twinject® auto-injector (Only the first dose of epinephrine in the Twinject® will be used. A second Adrenaclick®, EpiPen®, or Twinject® syringe must be provided by the parent.)
- Once EpiPen®, Adrenaclick®, or Twinject® is used, call the Rescue Squad. Send the used unit with patient to the Emergency Room. Patient should plan to stay for observation at the Emergency Room for at least four hours.

Loudoun County Public Schools Severe Allergy Individual Health Care Plan (IHCP)

Place Child's Picture Here

Student's Name	Grade
Teacher's Name	Lunch Time
 Classroom Any food given to student must be approved Alternative food will be provided by parent/gu Parent/guardian should be advised of any plants Classroom projects involving food should be Middle school or high school student will be 	uardian to be kept in the classroom. anned parties as early as possible. reviewed by the parent and the teaching staff.
 Bus Transportation will be alerted to student's alle This student has a physician's order to carry Epinephrine can be found in: □backpace Student will sit at front of bus: 	epinephrine on bus: □YES □NO
 Field Trip Procedures Parent should be notified early in the plannin Epinephrine should accompany student durin The elementary student should remain with t Middle school/high school student should remain 	ng any off campus activity.
 Cafeteria Cafeteria manager and attendant will be aler All cafeteria tables are sanitized between cla Cafeteria tables where food allergic students Student will sit at a specified allergy table Student will sit at the classroom table at a NO restrictions where student may sit in 	ses. seat will be cleaned to eliminate food allergens. e.
 Cafeteria menu is available online and montl Parents are encouraged to make food choice Complete list of menu ingredients can be accepted. 	es from the menu.
☐ My child's severe allergy concerns require a meetir care plan. Additional accommodations will be discussed at this	
Parent's Signature	 Date
Registered Nurse's Signature	

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Parent Information/Parent Permission

Information about Epinephrine Procedures

- Epinephrine may only be given at school with both physician and parent/guardian signature.
- The parent/guardian must obtain a new form to be on file in the clinic for each school year or whenever there is a change in dosage or conditions under which epinephrine is administered.
- Only the auto-injector pre-measured dose of epinephrine may be given by LCPS staff members.
- Medication must be properly labeled by a pharmacist. If the physician orders include a repeat of EpiPen®, Adrenaclick®, or Twinject®, the parent must supply the school with two EpiPen®, two Adrenaclick®, or two Twinject® auto-injectors.
- Medication must be delivered to the school by the parent/guardian unless the student has permission to carry the medication.
- A parent is to collect any unused medication within two days after the expiration of the physician's order or on the last day of school. Medication not claimed within that period shall be destroyed.
- For students who have an epinephrine auto-injector at school, please notify the teacher/ sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10 and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine."

Parent signature gives permission for principal's designe physician if necessary.	ee to administer prescribed medicine and to contact
Parent/Guardian's Signature Required	Date
For Students Using Twinject® I understand that Loudoun County personnel will only us been asked to provide two Twinject® auto-injector do than one dose is needed.	
Parent/Guardian's Signature Required	Date
 I understand that the school board or its employ resulting from self-administration of epinephrine This permission to self-administer and/or possed determined that your child is not safely and effective. 	and/or carry his/her auto-injector of epinephrine. ees cannot be held responsible for negative outcomes . ss epinephrine may be revoked by the principal if it is ctively self-administering the medication. ergy and Parent/Student Agreement for Permission to
 school nurse/health clinic assistant. I agree never to share my epinephrine with anot I agree that if I inject epinephrine, I will immedia 	Date ne correct use of an auto-injector of epinephrine to the ther person or use it in an unsafe manner. tely report it to the school nurse/health clinic assistant or ic assistant is not available so that EMS is called. Date

(Physician must also sign that student should carry epinephrine at school on the Physician Order/Care Plan for Severe Allergy 11:10.)

(rev. 04/10) 11:10c

Signature of staff / date:

Number of epinephrine auto-injectors received: 1___ 2__ 3___