# Bernards Township Public Schools Emergency Health Care Plan- Allergy

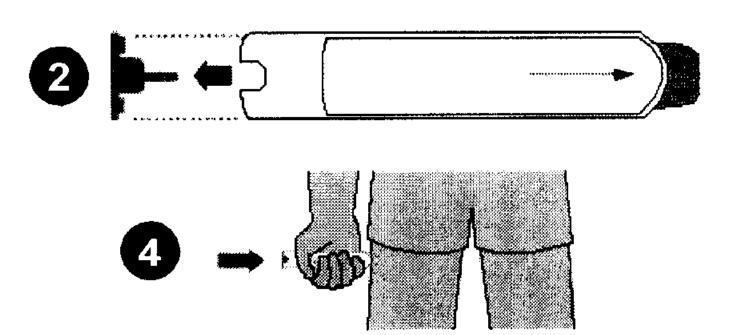
Name:				D.O.B.:	PLACE PICTURE HERE
<del></del>				rained school employee other than YesNo (please initial)	
THEREFORE: [ ] If checke	d, give epinephrin	-	e allergen was <b>LIK</b>	ELY eaten, for ANY symptoms.  INITELY eaten, even if no symptoms are apparent.	arent.
FOR ANY OF THE FOLLOWING:				MILD SYMPTOMS	
	SEVERE S	YMPTOMS			
LUNG Short of breath, wheezing, repetitive cough	faint, weak	THROAT Tight, hoarse, trouble breathing/ swallowing	MOUTH Significant swelling of the tongue and/or lips	NOSE MOUTH SKIN Itchy/runny Itchy mouth A few hives, nose, mild itch sneezing  FOR MILD SYMPTOMS FROM MORE TH	
SKIN  Many hives over body, widespread	GUT  Repetitive vomiting, severe diarrhea	OTHER Feeling something bad is about to happen,	OR A COMBINATION of symptoms from different body areas.	FOR MILD SYMPTOMS FROM A SINGL AREA, FOLLOW THE DIRECTIONS E  1. Antihistamines may be given, if order a healthcare provider.  2. Stay with the person; alert emergency	E SYSTEM BELOW: red by
redness		anxiety, confusion	ATELV	3. Watch closely for changes. If symptom worsen, give epinephrine.	
2. Call 911. having anaphresponders ar	Tell emergency d hylaxis and may nee rive.	ispatcher the perso depinephrine when e	n is emergency	MEDICATIONS/DOSI  Epinephrine Brand or Generic:	ES
,	pronchodilator) if wh	•	thing in difficult	Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3	mg iM
<ul> <li>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.</li> <li>If symptoms do not improve, or symptoms return, more doses of epinephrine</li> </ul>				Antihistamine Brand or Generic:	
can be given about 5 minutes or more after the last dose.				Other:	
•Transport pa	•	symptoms resolve. Pa because symptoms m		Student May: Self Carry Y N Self Adminis  Physician Signature	ster Y <u>N</u>
Parent Signature_		Da	ate	PHYSICIAN STAMP (must be present)	
Mom Cell		_ Dad Cell			

## Bernards Township Public Schools

**Emergency Health Care Plan- Allergy** 

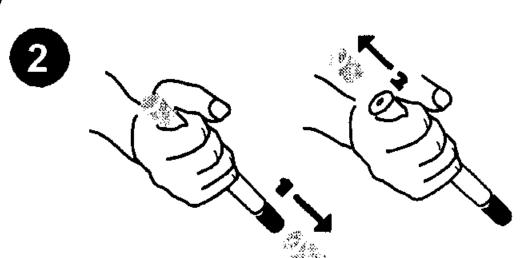
### EPIPEN® AUTO-INJECTOR DIRECTIONS

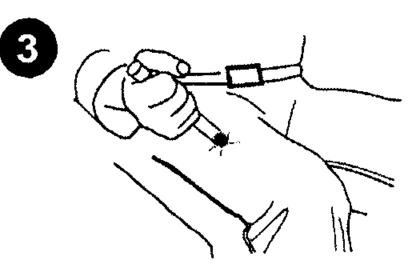
- 1. Remove the EpiPen Auto-Injector from the clear carrier tube.
- 2. Remove the blue safety release by pulling straight up without bending or twisting it.
- 3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
- 4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR 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 enters thigh.
- 5. Hold in place for 10 seconds. Remove from thigh.





## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- 1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3. Epinephrine can be injected through clothing if needed.
- 4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

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