Strongsville City Schools

Allergy - Emergency Plan

Student Name _____

Diagnosis: Allergic to _____

_____ **Mild Allergic Reaction:** exists when the following conditions have occurred and/or the following characteristics can be observed:

swelling **redness** **itching** **suspected exposure/ingestion/sting**

Steps to be taken:

1. Escort student to clinic
2. If ordered, give oral medication of _____
3. Contact parent
4. Stay with the student and monitor for worsening symptoms

_____ **Severe Allergic Reaction:** exists when the following conditions have occurred and/or the following characteristics can be observed:

wheezing

tightness in throat/neck

difficulty breathing/swallowing

swelling of the face/neck/tongue

hives over body or around the mouth

anxiety or odd behavior

signs of shock (sweating, clammy, bluish color, loss of consciousness)

Steps to be taken:

1. **Give Epinephrine Auto-injector and CALL 911**
   (give oral medication if ordered)
2. Call parent/guardian
3. Record time medication was administered

Proper use of the Epinephrine Auto-injector:

1. pull off blue safety release
2. place orange tip on outer thigh, at right angle to leg
3. press firmly, until it "clicks"
4. hold in place for 3 seconds to deliver the drug
5. remove auto-injector, massage injection area for 10 seconds

Please complete this form and return it to the clinic nurse