

LEXINGTON PUBLIC SCHOOLS  
Lexington, Massachusetts  
School Year 2011-2012  
ANAPHYLAXIS EMERGENCY ACTION PLAN

PHOTO MAY BE  
PLACED HERE



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma: ☐ Yes (higher risk for severe reaction) ☐ No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

Date of last allergy testing: \_\_\_\_\_ Date of last allergic reaction: \_\_\_\_\_

Emergency contacts – please circle best number to try first:

Name \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Name \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Symptoms of Anaphylaxis *Some symptoms can be life-threatening. ACT FAST!*

MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

**TO BE COMPLETED BY PRIMARY CARE PROVIDER - EMERGENCY STEPS**

1. Inject epinephrine in thigh using (check one): ☐ Adrenaclick (0.3 mg) ☐ Adrenaclick (0.15 mg)  
☐ EpiPen Jr (0.15 mg) ☐ EpiPen (0.3 mg)  
☐ Twinject (0.15 mg) ☐ Twinject (0.3 mg)

Antihistamine dose/route: \_\_\_\_\_

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS

2. Call 911 before calling parent/guardian contact

Comments: \_\_\_\_\_

The student has been instructed and may self-administer epinephrine: ☐ Yes ☐ No

Primary Care Provider Signature

Date

Phone Number

**PARENT PLEASE COMPLETE BACK PAGE**

Dear Physician and Parents/Guardians:

A backup EpiPen should be kept in the School Health Room at all times. In the elementary school setting, arrangements can be made for epinephrine to be kept in appropriate locations per the Emergency Care Plan. The student's epinephrine will be sent on all field trips at the elementary and middle school level. In the high school, students will be responsible for carrying their own EpiPens on field trips. **Please note Benadryl will not be sent on field trips per DPH regulations.**

In Lexington, Emergency Medical Services are activated by a call to 911. **In the case of an emergency, the Lexington Fire Department transports to the nearest medical facility with an ED that is "Open" and accepting patients.** Please feel free to discuss an Emergency Medical Plan, or medical situation such as life threatening allergies with the Paramedic Team of the Lexington Fire Department.

**\*\*Anaphylaxis Emergency Action Plans and updates may be submitted throughout the year with medication and/or treatment plan changes. *No student requiring an EpiPen may attend a field trip unless the parent has provided an EpiPen and physician orders for its use per LPS procedure.***

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I have read and reviewed the Anaphylaxis Emergency Action Plan formulated by my child's primary care provider. I agree that it may be placed on file as a part of my child's school health record and the necessary information be shared with my child's teachers and staff. I agree my child may self administer their EpiPen if approved by their primary care provider. I also give permission for my child's school nurse to contact the primary care provider or allergist if further information or clarification is needed regarding my child's life threatening allergy and the care of my child as stated in this plan.

For elementary students, please complete:

I request my student sit at a nut/peanut-free table in the cafeteria (please check) ☐ Yes ☐ No

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Parent or guardian signature

Date

I have reviewed the above plan and have incorporated it into the student's individual health care plan.

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School Nurse

RN

Date