

**COLORADO SCHOOL HEALTH  
ALLERGY & ANAPHYLAXIS CARE (ACTION) PLAN  
Instructions**

1. This form meets the requirement in SB09-226 as the standard form to be made available to parents in informing the school of their child's allergy.
2. The parents will complete the top of the form with the child's name, DOB, grade, school and teacher. A recent photo of the child no larger than 1.5" should be attached. Emergency call information will be completed in **Step 2: Emergency Calls**. Parent will sign the form once completed to give authorization for the plan to be implemented in their child's school.
3. The child's healthcare provider will complete the section indicated, including:
  - a. What the child is allergic to, any significant history such as last anaphylaxis episode, and history of asthma.
  - b. The healthcare provider will complete **Step 1: Treatment** by indicating which symptoms will require either medication or both. Note that if both medications are ordered, epinephrine will be given first.
  - c. The healthcare provider will complete the dosage for the epinephrine auto injector either 0.3 mg or 0.15 mg and dose for antihistamine. Indicate whether a second dose should be administered if symptoms do not improve.
  - d. If the student has asthma, indicate medication and dosage that should be given after epinephrine and antihistamine are administered.
  - e. If the student will be carrying their medication and self administering according to C.R.S. 22-1-119.5, the healthcare provider must indicate that the student has been instructed and is capable of self-administering the prescribed medication.
  - f. Signature of the healthcare provider is required as indication of the child's allergy and authorization of treatment plan including emergency medication.
4. The parent will return this form with the first page completed to the school nurse.
5. The school nurse will review the plan and work with the school administration and staff in making reasonable accommodations for the child's allergies.
  - a. Staff that has been specifically trained and delegated to respond to the anaphylaxis emergency for this student will be listed on page 2.
  - b. Indicate if the student will be self carrying and complete the self carry contract with the student and family. Location of medication and/or back up medication will be included.
  - c. Highlight or circle the appropriate auto injector that is prescribed for the student. Add the expiration date as a reminder when new medication is needed.
  - d. Any additional information can be added at the bottom of this page.

## COLORADO SCHOOL HEALTH ALLERGY & ANAPHYLAXIS CARE PLAN Supplement – Training Handout

According to C.R.S. 25-1.5-109 parents of students with known allergies will provide documentation regarding the diagnosis and history of the student’s allergy. The parent provides this information in collaboration with the health care provider in the Allergy & Anaphylaxis Action Plan.

Anaphylaxis is a rapid severe allergic reaction that occurs when your body overreacts to an allergen to which the person has been previously exposed. Common causes of anaphylaxis include insect stings, foods, medications and environmental allergens like latex. Students also diagnosed with asthma are at higher risk for a severe reaction.

### ◆STEP 1: TREATMENT

*Call 911 immediately for child or adult with symptoms of anaphylaxis but no action plan or medication present.*

**EPINEPHRINE SYMPTOMS:**  
 THROAT: Tightening of throat, hoarseness, hacking cough, obstructive swelling (tongue)  
 LUNG: Shortness of breath, repetitive coughing, wheezing  
 HEART: Weak pulse, dizziness, fainting, or bluish color to skin  
 SKIN: Many hives over body

**Or combination of symptoms from different body areas:**  
 MOUTH: Itching, tingling, or mild swelling of lips, tongue, mouth  
 SKIN: Flushing, hives, itchy rash  
 STOMACH: Nausea, abdominal pain or cramping, vomiting, diarrhea  
 OTHER: \_\_\_\_\_



**INJECT EPINEPHRINE IMMEDIATELY**

- CALL 911
- Begin Monitoring
- Additional medications:
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines and inhalers can not be depended upon to treat a severe reaction (anaphylaxis) → give Epinephrine first then give antihistamine or inhaler if student able  
 \*\*Remember – severity of symptoms can quickly change!

**MILD SYMPTOMS ONLY**  
 Itchy mouth, few hives, mild itch, mild nausea/discomfort

**OR SUSPECTED INGESTION BUT NO SYMPTOMS**



**GIVE ANTIHISTAMINE**

- -Stay with student, alert parent and school nurse
- Monitor for progressing symptoms (see above)

**IF SYMPTOMS PROGRESS INJECT EPINEPHRINE**

**Monitoring:** Stay calm and remain with the student. If student can breathe easily while lying down have student lie down and remain lying down. If medications are not immediately available send someone to retrieve medications and bring to student.

**DOSAGE:** Confirm the 5 rights for each medication prescribed-Right Student, Right Medication, Right Dose, Right Route, Right Time (Symptoms)

**Epinephrine:** Auto injectors are designed to administer medication intramuscularly. Standard dosing is 0.15 mg per injection for children under 66 pounds and 0.3 mg per injection for children over 66 pounds. Effect of medication is usually seen in 5-10 minutes. Some students may have 2nd dose ordered if symptoms do not improve in 15-20 minutes.

**Antihistamine:** Fast acting antihistamine is usually given orally and is available in a variety of forms-liquid, chewable, dissolvable strips. The most frequently prescribed medication is Diphenhydramine Hydrochloride –maximum sedative effects usually seen in 1 to 3 hours. Do not give oral medications to a student who is unable to swallow safely.

**Asthma Rescue:** (Bronchodilator) Albuterol is the most commonly prescribed drug. The peak effect of this drug on the lungs takes 30 minutes. Do not rely on inhaler to treat severe symptoms. Use epinephrine for severe symptoms!

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### ◇STEP 2: EMERGENCY CALLS

1. If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Contact parent and inform of actions taken as prescribed by Allergy and Anaphylaxis Action Plan. Do not hesitate to administer medications prescribed if parents cannot be reached.
3. If parents not available notify emergency contacts.
4. Notify School Nurse of actions taken as prescribed by Allergy and Anaphylaxis Action Plan

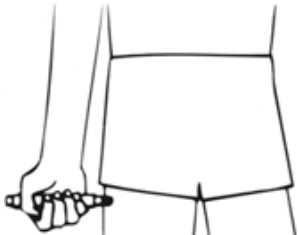
REMINDER: Personnel must take any other medication on all field trips. Make sure phone is close by, if needed. Keep Epinephrine at room temperature. DO NOT FREEZE, refrigerate or keep in extreme heat.

#### EpiPen® and EpiPen®Jr. Directions

- Pull off blue activation cap.



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



- Swing and jab firmly into 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.

#### Twinject® 0.3mg and 0.15 mg

##### Directions

- Remove caps labeled “1” and “2.”



- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



##### SECOND DOSE ADMINISTRATION:

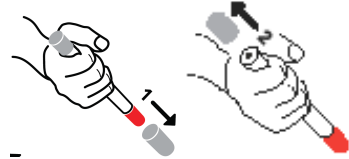
If a second dose is required, see specific administration instructions, and follow school district policy.



#### Adrenaclick™ 0.15 mg and 0.3 mg

##### Directions

- A. Remove caps labeled “1” and “2.”



- B. Put the RED tip against the middle of the outer side thigh. Press down hard until the needle enters thigh. Hold in place while slowly counting to 10.



- C. Remove the Adrenaclick from thigh.
  - Check the RED tip. If the needle is not visible, repeat Step B.

*Always call 911 when Epinephrine is administered. Student should remain lying down if able to breathe comfortably. Give copy of Allergy & Anaphylaxis Action Plan and used Epinephrine device to EMS responders.*