Jellybean Pediatrics

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Allergy & Anaphylaxis Emergency Plan

For school, childcare, camp, or program. Individualized plan - renew yearly and when treatment changes.

Student Information

Student Name | **Date of Birth** | **Age** | **Weight (kg)**

School / Program | **Grade / Class**

Plan Date

PHOTO / ID

Allergy Profile & Risk Factors

Allergen(s) - list specific foods, medications, insects, latex, or other triggers

☐ Asthma history ☐ Prior anaphylaxis ☐ Known highly sensitive exposure risk ☐ FPIES

Epinephrine location(s) | **Avoidance / precautions**

SEVERE ALLERGY / ANAPHYLAXIS - GIVE EPINEPHRINE NOW

Treat as anaphylaxis for ANY severe symptom, or symptoms involving more than one body system. Epinephrine is first-line treatment; do not delay for antihistamine.

BREATHING	Shortness of breath, wheeze, repetitive cough, trouble breathing	**MOUTH/TONGUE**	Significant tongue/lip swelling affecting breathing or swallowing
THROAT	Tight/hoarse throat, trouble swallowing, drooling, voice change	**GI**	Repetitive vomiting or severe diarrhea, especially with other symptoms
CIRCULATION	Pale/blue skin, weak pulse, fainting, severe dizziness or confusion	**SKIN**	Widespread hives/flushing/swelling plus another body-system symptom

1. GIVE EPINEPHRINE IMMEDIATELY as prescribed on page 2.

2. CALL 911 / EMS. State that the student is having anaphylaxis and epinephrine was given.

3. Keep with an adult. Lay flat with legs raised if tolerated; allow sitting if breathing is difficult. **Do NOT let the student stand or walk suddenly.**

4. Notify parent/guardian. Give a second epinephrine dose in 5-15 min if symptoms persist/return while awaiting EMS.

MILD REACTION - MONITOR CLOSELY

Mild symptoms in ONE body system may include a few hives/itching, mild localized swelling, sneezing/runny nose, mild mouth itching, or mild stomach discomfort.

1. Stay with the student and monitor continuously. Give ordered antihistamine if listed on page 2.

2. If symptoms worsen, become severe, or involve more than one body system: GIVE EPINEPHRINE and follow the red pathway.

When in doubt about anaphylaxis, give epinephrine.

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Allergy & Anaphylaxis Emergency Plan

Page 2 - Medication Orders, Self-Carry, Consent, Contacts, and Signatures

Emergency Medication Orders

EPINEPHRINE - administer immediately for anaphylaxis

Product / Device _____ **Dose** _____ **Route** IM - anterolateral thigh **Repeat** 5-15 min

☐ 0.1 mg (7.5-15 kg) ☐ 0.15 mg (15-30 kg*) ☐ 0.3 mg (>=30 kg*) ☐ Other: _____

**Many experts transition to 0.3 mg at >=25 kg; individualize for asthma, prior severe reaction, and device availability.*

☐ Two doses available

Antihistamine (adjunct only) _____ **Dose / route** _____

Bronchodilator for wheeze _____ **Dose / route** _____

☐ Give epinephrine after known allergen exposure before symptoms, if specifically ordered.

FPIES: If relevant, attach an individualized FPIES plan; isolated FPIES is not treated with epinephrine unless an IgE-mediated reaction is also present.

School Medication / Self-Carry Authorization

☐ Trained school/program staff may administer medications in this plan as ordered.

☐ Student may self-carry prescribed epinephrine. ☐ Student may self-administer prescribed epinephrine.

Prescriber attests student has been trained/evaluated and is competent: ☐ Yes ☐ No

Parent / Guardian Consent & Communication Authorization

I authorize trained school/program staff to provide the emergency care and medications in this plan as ordered, and authorize Jellybean Pediatrics and the school/program health office to exchange information reasonably necessary to implement this plan and coordinate care.

Consent is voluntary. Valid for the current school year unless otherwise specified; renew annually.

Emergency Contacts & Medication Location

Parent / Guardian 1 _____ **Phone** _____ **Parent / Guardian 2** _____ **Phone** _____

Student-specific epinephrine / emergency medication location(s) _____

Stock / undesignated epinephrine available: ☐ Yes ☐ No **Location** _____

Prescriber & Parent / Guardian Authorization

Prescriber Name _____ **License #** _____ **NPI #** _____ **Office Phone** _____

Prescriber Signature _____ **Date** _____ **Next Review / Expiration** _____

Parent / Guardian Name _____ **Signature** _____ **Date** _____