

COLUMBUS COUNTY SCHOOLS

817 Washington St., Whiteville, NC 28472

(910) 642-5168

Emergency Medical Plan – Allergic Reaction

Name of Student

SYMPTOMS: Sudden onset of shortness of breath, wheezing, swelling in throat, painful constriction of chest with difficult breathing, hives, red itchy blotches over skin, flushed skin, rapid pulse, fear, feelings of itching inside, restlessness, nausea, and possible unconsciousness. Sting allergy may reveal localized pain and itching at site of sting. Any change in respirations should be treated as a life-threatening emergency.

INTERVENTIONS:

1. SEND CHILD TO SCHOOL NURSE (IF IN BUILDING) OR MAIN OFFICE IMMEDIATELY ACCOMPANIED BY ANOTHER PERSON.
2. Have child administer any ordered medication.
3. Contact parents immediately for pick-up or further instructions.
4. If stung, remove stinger, apply cool compress to site, and elevate.
5. Keep child sitting up.
6. STAY WITH CHILD CONTINUOUSLY.
7. If no symptoms after 20 minutes, child may return to class with parent permission.
8. Observe for signs of anaphylactic shock:
 - a. Increased swelling, hives
 - b. Vomiting
 - c. Respiratory distress
 - d. Loss of color around lips
 - e. Weak pulse
9. Monitor breathing and begin rescue breathing as necessary.
10. Call 911 and transport to _____ Hospital as necessary.
11. Additional instructions:

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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School Allergy Record

Name of Student: _____ Grade/School: _____

Parent/Guardian: _____ Phone: _____

_____ Phone: _____

Physician: _____ Phone: _____ Hospital: _____

1. Allergy to:

2. Briefly describe what happens during an allergic reaction:

3. Does your child require medication during a reaction? If so, please list:

4. Has your child been to the doctor or to an emergency room due to an allergic reaction? Explain:

5. Does your child require medical care after a reaction?
6. What steps do you want school personnel to take if your child develops an allergic reaction?

7. If this is a sting allergy, which insects cause it? If this is a food allergy, which foods cause it? Does child use an Epi-pen or ANA kit?

8. In the event that your parent/guardian cannot be contacted, please list emergency phone numbers of persons familiar with your child's allergy:

PLEASE NOTE: If medications/ANA kit/Epi-pen are to be kept or taken to school, a medication authorization form must be completed by parent and physician and kept at the school. These are obtained from your school nurse. **This form is completed every year.**