



Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800
www.loomis-usd.k12.ca.us

Building Excellence in Education since 1856
 Gordon T. Medd, Superintendent

Insert Student
 Picture Here








EMERGENCY HEALTH CARE PLAN Severe Food Allergy

Student Name:	Birthdate:
School Name/Phone Number:	Grade/Teacher:
Student Weight (lbs):	
Is the Student Asthmatic: <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, student is at higher risk for severe reaction	
Allergy to:	Extreme Reaction to: <input type="checkbox"/> Contact <input type="checkbox"/> Ingestion

Note: The severity of symptoms can change quickly. All symptoms listed below can potentially progress into a life threatening situation! Always stay with the student and contact the school office for assistance.

FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting or severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**





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- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Request ambulance with epinephrine.
 - Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
 - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth
 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort

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- GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

Medication Order <i>(to be completed by Physician)</i>	
Student may carry Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student may self-administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine	
o Brand:	
o Dosage:	
Antihistamine	
o Brand:	
o Dosage:	
o Route:	
Other Medications	
o Brand:	
o Dosage:	
o Route:	
Location of Medications at School	

Monitoring	
Stay with Student; Alert School Nurse, Healthcare Professionals and Parent.	
Tell Emergency technicians that Epinephrine was given.	
Note time Epinephrine was administered.	
A second dose of Epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur.	
For a severe reaction, consider keeping student lying on back with legs raised.	
Treat student even if parent/guardian cannot be reached.	

Emergency Contact Information		
Parent/Guardian:	Phone:	Relationship:
Parent/Guardian:	Phone:	Relationship:
Parent/Guardian:	Phone:	Relationship:

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for the maximum of one year. If changes are indicated, I will provide new written orders and authorization (may be faxed).

Health Care Provider Signature: _____ **Date:** _____

To Be Completed By Parent: I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school. I understand it is my responsibility to provide all medication, supplies and equipment and understand that if my child carries his own medication I should provide extra to be kept in the office in case needed.

Parent Signature: _____ **Date:** _____

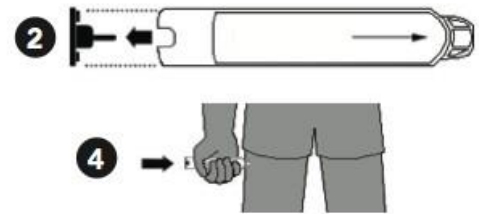
School Nurse Initial _____

Principal Initial _____

Directions

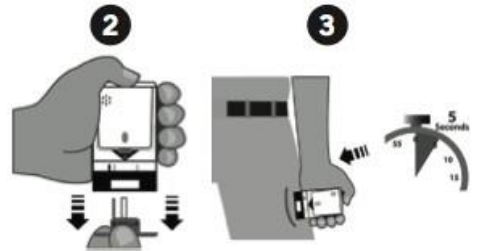
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

Emergency Information

Call 911
Be sure to give your name
and school location

Loomis Fire Department: 916-652-6858

EMS Dispatch (from cell phone): (530) 886-5375



Loomis Union School District

MEDICATION ADMINISTRATION LOG- Allergy

SCHOOL YEAR _____ / _____

Student Name: _____ Grade: _____ Teacher: _____

Physician Signature on order Parent Signature on file Diagnosis/Indications for using medicine: _____
Physician Phone Number: _____

Medicine Received: _____ Date: _____ Amount: _____
(For controlled medications, attach and complete a LUSD Controlled Medication Count Log)

Medication: Epinephrine Benadryl/ Diphenhydramine **Dose:** _____ mg by mouth

Directions: _____

Time & Initial box when administered.

Date Given:	Date Given:	Date Given:
Time Given:	Time Given:	Time Given:
Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh
<input type="checkbox"/> Epinephrine <input type="checkbox"/> Generic Diphenhydramine <input type="checkbox"/> Benadryl Diphenhydramine	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Generic Diphenhydramine <input type="checkbox"/> Benadryl Diphenhydramine	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Generic Diphenhydramine <input type="checkbox"/> Benadryl Diphenhydramine

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten. (See Emergency Health Care Plan)
If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose

Medication discontinued or picked up by parent/guardian:
Date: _____ Amount: _____ Parent Signature: _____

Person(s) Administering Medication:
Provide Signature, Initials and Date of Signature.

Signature:	Initials:	Date: