

**McKinney Independent School District
School Health Services**

Attach
Photo

Individualized Health Plan, Life Threatening Allergy

Reviewed & accepted as IHP for current school year only. RN signature/date _____

Student's Name: _____ Date of Birth: _____ ID _____

Grade: _____ Homeroom Teacher: _____ Date of diagnosis: _____

Severe Allergy to: _____ Has your child ever had a reaction? Yes No

What was/were signs and symptoms of the reaction? _____

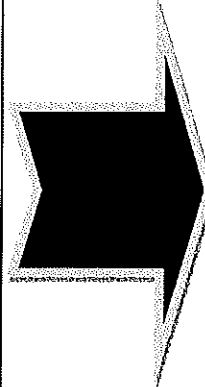
Asthmatic: Yes No ** Higher risk for severe reaction** Medication expiration date(s): _____

Any SEVERE SYMPTOMS after suspected or known allergen:

Lung: Shortness of breath, repetitive coughing, wheezing
 Heart: Thready pulse, low blood pressure, fainting, pale, blueness
 Throat: Tightening of throat, hoarseness, hacking cough
 Mouth: Itching, tingling or swelling of lips, tongue, mouth
 Skin: Many hives all over the body

Or **Combination** symptoms from different body areas:

Skin: Hives, itchy rashes, swelling
 Gut: Vomiting, crampy pain



INJECT EPINEPHRINE IMMEDIATELY

--Call 911
 --Begin Monitoring (see below)
 --Additional medications
 ** Antihistamine
 ** Inhaler (bronchodilator) if Asthma

***Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis)*

***When in doubt, use Epinephrine. Symptoms can rapidly become more severe*

MILD SYMPTOMS only

Mouth: Itchy Mouth
 Skin: A few hives around body, mouth/face, mild itch
 Gut: Mild nausea/discomfort



GIVE ANTIHISTAMINE

--Stay with child, alert campus nurse and parent

--IF SYMPTOMS PROGRESS (see above) INJECT EPINEPHRINE

- If checked, give epinephrine for ANY symptoms if the allergen exposure was likely exposure
- If checked, give epinephrine before symptoms occur if allergen exposure was definite

Call 911 and front office/campus nurse. Stay with student. Tell rescue squad epinephrine was given. Send the used epinephrine pen with EMS/911. A second dose of epinephrine can be given 5-15 minutes after the first injection if symptoms persist or reoccur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

Medications provided by parent:

Epinephrine(name/brand): inject intramuscularly _____
 (See package insert for directions) **Once Epinephrine has been given, 911 must always be called!!!**

Antihistamine: give _____
 Medication/dose/route Location of medication

Other: give _____
 Medication/dose/route Location of medication

- Student may self carry epinephrine
- Student may self administer epinephrine **(Must fill out self carry form)**

Printed Physician's Name _____ Physician's Signature _____ Physician's Number _____ Date _____

Printed Parent Name _____ Parent Signature _____ Initials _____ Date _____