



# Lackawanna Trail Junior-Senior High School

*"Home of the Lions"*

## ALLERGIC REACTION/ANAPHYLAXIS CARE PLAN

Emergency action is necessary when the student has symptoms such as: \_\_\_\_\_  
\_\_\_\_\_ as a result of ingesting or being stung by \_\_\_\_\_  
\_\_\_\_\_.

### Nurse will:

1. Give medications as instructed below.
2. Have student return to class if: \_\_\_\_\_.
3. Contact parent if: \_\_\_\_\_.
4. **Contact Emergency Services if the student displays any of the following:**
  - a. No improvement 15-20 min. after initial treatment
  - b. Peak Flow of \_\_\_\_\_
  - c. Labored Breathing
    - Hunched over
    - Fatigue as a result of labored breathing
    - Pursed lip breathing
    - Strain in chest/neck with inhalation/exhalation
  - d. Inability to walk/talk
  - e. Cyanosis of fingers/lips

### Medication Administration:

Nurse will administer the following medications:

Medication Name	Dosage	Time

### Inhaled Medications:

\_\_\_\_\_ I have instructed \_\_\_\_\_ how to affectively use his/her inhaler. He/She may self administer medication under the supervision of the school nurse. Inhalers are to be kept in the school nurses office unless otherwise specified.

\_\_\_\_\_  
(Physician Signature) (Date)

\_\_\_\_\_  
(Parent Signature) (Date)