



LATEX ALLERGY EMERGENCY ACTION PLAN

<u>Student Name</u>	<u>School Year</u>
<u>Date of Birth</u>	<u>Grade/Teacher</u>
<u>Parent/Guardian</u>	<u>Phone #</u>
<u>Physician</u>	<u>Phone#</u>

CAUTION - YELLOW ZONE!



LOCAL REACTIONS: Latex Allergy – POSSIBLE

- If exposed to Latex – wash area with soap and water.
- Give

Antihistamine	Medication Name	Dose	Route	Frequency
			ORAL	

- Observe student for at least 15 minutes for more severe reaction.
- If a severe reaction occurs, follow guidelines below “for severe allergic reaction”.

The severity of symptoms can quickly change and progress to a life-threatening situation

DANGER – RED ZONE!!! CALL 911

SEVERE ALLERGIC REACTION – REQUIRES MEDICAL ATTENTION IMMEDIATELY



The symptoms may be any or all of the following:

- Itching and swelling of the lips, tongue or mouth.
- Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- Hives, itchy rash, and/or swelling about the face or extremities
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Shortness of breath, repetitive coughing and/or wheezing
- “Thready” pulse, “passing out”

Give injection of:

- Epi-pen (0.3 mg) Jr. Epi-pen (0.15 mg) Twinject (0.3 mg) Twinject (0.15 mg)
- Call 9-1-1. **Per State Statute, 911 will be called any time an Epi-Pen is administered.** Call Parent
- Administer CPR if necessary

LICENSED MEDICAL PROVIDER USE ONLY:

Please check the appropriate box and sign below:

This student possesses the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day and on school sponsored activities.

This student DOES NOT possess the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day or school sponsored activities.

Physician Signature

Date

- I hereby give permission to MTSD's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's physician with any concerns regarding medication administration. I agree to hold the Mequon-Thiensville School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I allow the named physician (office) to send by electronic transmission this form to the Mequon-Thiensville School District for the purpose of continuing health care at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.
- STUDENTS IN GRADES 6-12 MAY CARRY AND SELF ADMINISTER EPINEPHRINE WITH PHYSICIAN AND PARENT APPROVAL

Parent/Guardian Signature

Date

District Nurse Signature

Date

District Nurse:

Jess Jost

Phone: 262-238-5630

Email: jjost@mtsd.k12.wi.us

FAX NUMBERS

Wilson 262-238-4662

Oriole Lane 262-238-4250

Donges Bay 262-238-7970

Lake Shore 262-238-7650

Steffen 262-238-4740

Homestead 262-238-5633

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.

After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.



Trusted for over 25 years.