

## Life Threatening Allergy (LTA) Medical Management Plan

The student's personal health care team and parent/guardian should complete this plan. It will be reviewed with relevant school staff; copies will be kept in the Emergency Action folder in the clinic and a copy given to the teacher. This information is only valid for the current school year.

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): \_\_\_\_\_

<p><b>Any SEVERE SYMPTOMS after suspected or known allergen:</b></p> <p>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</p> <p>Or Combination symptoms from different body areas:</p> <p>Skin: Hives, itchy rashes, swelling  Gut: Vomiting, crampy pain</p>		<p style="text-align: center;"><b>INJECT EPINEPHRINE IMMEDIATELY</b></p> <p>--Call 911  --Begin Monitoring (see below)  --Additional medications  ** Antihistamine  ** Inhaler (bronchodilator) if Asthma</p> <p><i>**Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis)</i></p> <p><i>**When in doubt, use Epinephrine. Symptoms can rapidly become more severe</i></p>
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<p><b>MILD SYMPTOMS only</b></p> <p>Mouth: Itchy Mouth  Skin: A few hives around body, mouth/face, mild itch  Gut: Mild nausea/discomfort</p>		<p><b>GIVE ANTIHISTAMINE</b>  --Stay with child, alert campus nurse and parent</p> <p><b>--IF SYMPTOMS PROGRESS (see above) INJECT EPINEPHRINE</b></p>
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- 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 a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

**Dosage and location of medication:**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™ 0.3mg Twinject™ 0.15mg  
(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 \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_