



A multi-campus  
IB World School



# Bellevue Children's Academy & Willows Preparatory School

## LIFE-THREATENING ALLERGY - Emergency Care Plan 2022-2023

*Must be completed with a Licensed Healthcare Provider*

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Life-Threatening Allergies:** \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Asthma: Yes\*  No  \*High Risk for severe reaction

Additional Information (previous symptoms & date of last reaction; treatment given): \_\_\_\_\_

Allergic reaction triggered by:  Eat  Touch  Smell

### **SIGNS OF AN ALLERGIC REACTION:**

|  |   |
|--|---|
| <b>MOUTH:</b> Itching, tingling, or swelling of the lips, tongue, or mouth     | <b>LUNG:</b> Shortness of breath, repetitive coughing, and/or wheezing            |
| <b>SKIN:</b> Hives, itchy rash, and/or swelling about the face or extremities  | <b>HEART:</b> "Thready" pulse, "passing out," fainting, blueness, paleness        |
| <b>THROAT:</b> Sense of tightness in the throat, hoarseness, and hacking cough | <b>GENERAL:</b> Panic, sudden fatigue, chills, fear of impending doom             |
| <b>GUT:</b> Nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea   | <b>OTHER:</b> Some students may experience symptoms other than those listed above |

### **EMERGENCY PLAN**

#### **Medication Orders – This section to be completed by a licensed healthcare provider (LHP):**

Specify under which circumstances to activate emergency plan (symptoms, any suspected exposure to allergen): \_\_\_\_\_

- 1. Give Epinephrine auto-injector:**  0.3 mg  0.15 mg injected in outer thigh – IMMEDIATELY!

Repeat dose of Epinephrine auto-injector, if available:  Yes  No If "Yes," when: \_\_\_\_\_

- 2. Stay with student.** (Note time when epinephrine was administered: \_\_\_\_\_)

- 3. CALL 911** – Advise Emergency Services that student has been given Epinephrine for a severe allergic reaction

- 4. Notify parent/guardian and school nurse**

Parent/guardian phone number: (\_\_\_\_) \_\_\_\_\_

- 5. After Epi auto-injector is given, give additional medications (antihistamines, albuterol, other):**

Medication name: \_\_\_\_\_ Strength/Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Additional information: \_\_\_\_\_

**TURN PAGE TO SIGN ->**

It is medically necessary for this student to self-carry epinephrine during school hours:  Yes  No

This student has demonstrated correct Epi auto-injector use to LHP and may carry and self-administer Epi auto-injector:  Yes  No

Health Care Provider's Name (*please print*): \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider's Signature (**Required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent (please read carefully):**

I request that authorized school personnel assist my child to take the medication(s) described above. (If no box is checked, this option is the default.)

I give my permission for this medical information to be shared with school staff on a "need to know" basis

I request that my child be permitted to self-administer the medication(s) described above. I will hold harmless and indemnify BCA/WPS and its employees and personnel against all claims or liability arising out of the student's self-administration or carrying of medication.

I am at least 18 years old and sign this form on my own behalf (RCW. 26.28.015 or RCW 70.02.130).

My signature indicates my permission for the exchange of information between school staff and the healthcare provider, and my understanding is that BCA/WPS and its staff will not incur any liability for any injury when the medication is administered in accordance with the healthcare provider's direction and Washington law. I understand this is a plan for a life-threatening condition and can only be discontinued, in writing, by a healthcare provider.

*\*\*The permission to possess and self-administer medication may be revoked by the head of school or school nurse if it is determined that your child is not safely and effectively possessing and self-administering medication.\*\**

**\*\* It is strongly recommended that extra medication be provided and stored at the office. \*\***

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Emergency Contacts                          | Trained Staff Members   |
|---|-------------------------|
| 1. _____<br>Relation: _____<br>Phone: _____ | 1. _____<br>Room: _____ |
| 2. _____<br>Relation: _____<br>Phone: _____ | 2. _____<br>Room: _____ |
| 3. _____<br>Relation: _____<br>Phone: _____ | 3. _____<br>Room: _____ |

## How to give EpiPen® adrenaline (epinephrine) autoinjectors

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**1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE**
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**2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)**
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**3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds**

## HOW TO GIVE AUVI-Q®

**STEP 1:**  
Pull AUVI-Q up from the outer case.



**STEP 2:**  
Pull red safety guard down and off of AUVI-Q.




Do not go to Step 2 until you are ready to use AUVI-Q. If you are not ready to use AUVI-Q, put it back in the outer case.


To reduce the chance of an accidental injection, do not touch the base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The red safety guard is made to fit tight. Pull firmly to remove.

**STEP 3:**  
Place black end of AUVI-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound, and hold in place for 2 seconds.

If you are administering AUVI-Q to a young child or infant, hold the leg firmly in place while administering an injection.





AUVI-Q can inject through clothing, if necessary. ONLY inject into the middle of the outer thigh.

To minimise the risk of injection-related injury when administering AUVI-Q to younger children or infants, remember to hold the child's leg firmly in place during an injection with AUVI-Q and limit movement prior to and during injection.

**STEP 4:**  
Instruct patients to seek emergency medical attention immediately after use, as AUVI-Q is not a replacement for definitive medical care.