

## Emergency Response Protocol 2\_\_\_\_ - 2\_\_\_\_ Severe Food Allergy to Peanuts

**Student Name:** (Child's First and Last Name)  
**Teachers:** (Mr/s. Teacher's Name)  
**Parent Contact:** (Mother Full Name, Home phone: )  
 (Mother's Cell: Father's Cell: )  
**Doctor Contact:** (Dr. Full Name, Allergy Specialist: )

Child's  
Picture

Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- (Child's name) travel EpiPen® medicine kit and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) eats only foods provided and labeled by parent/guardian. Adult will assist (child) daily in washing his/her hands thoroughly with soap and water for 15 seconds before eating. Adult in charge will approve daily snacks and other foods consumed by students.
- Students and adults should wipe their hands with wipes upon entering the classroom and practice good hand-washing techniques after eating.
- If (child's name) asks to see the nurse, allow him/her to do so immediately with an adult for any reason.

**Asthmatics are at increased risk for severe reaction**      Yes \_\_\_\_      No \_\_\_\_

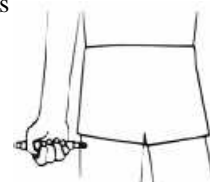
### SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms
<b>Mouth*</b>	Itching and swelling of the lips, tongue or mouth.
<b>Skin*</b>	Hives, itchy rash, and/or swelling about the face or extremities.
<b>Gut*</b>	Hives, itchy rash, and/or swelling about the face or extremities.
<b>Throat*</b>	Itching and/or sense of tightness in the throat, hoarseness, hacking cough.
<b>Lung*</b>	Shortness of breath, repetitive coughing, and/or wheezing.
<b>Heart*</b>	"Thready" pulse, "passing-out."



#### EpiPen® Directions

Pull off gray safety cap.  
 Place black top on thigh, at right angle to leg  
 (Always apply to thigh.)  
 Using a quick motion, press hard into thigh until auto-injector mechanism functions and hold in place for 10 seconds.  
 The EpiPen Jr. unit should then be removed and discarded.  
 Massage the injection area for 10 seconds.



**MEDICINE KIT LOCATION:** Kit #1: Classroom Med Kit located in classroom, Kit #2: Travel Med Kit to be with adult with (child's name) at all times, Kit #3: Nurses' Med Kit located in nurses' office with albuterol and nebulizer. Kit #4 located in front pouch of child's backpack. The medicine in the EpiPen Jr. cannot hurt (child's name) under any circumstances; it will save his/her life.

**WHAT TO DO:** If you suspect or know (child's name) has come into SKIN CONTACT with peanuts but not ingested them, contact the nurse. If nurse cannot respond immediately: wash point(s) of contact where the welt is located with warm soapy water, rinse and dry. Apply small amount of topical Benadryl cream. If he/she is uncomfortable, administer 2 teaspoons of Children's Benadryl. Symptoms should stop progressing within five minutes.

**If other welts are appearing quickly or you notice any other \*symptoms:** ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know peanuts have entered his/her mouth or he/she has **ingested** them, **stay calm**, call the nurse.

**If the nurse cannot respond immediately, administer the EpiPen Jr. in thigh.  
Once needle is in, count to 10; then call 911 and transport to hospital!**