International School Bangkok
Anaphylaxis Management Plan

Student Family Name: _____ Given Names: _____

Date of Birth (dd/mm/yyyy): _____ Grade level: _____ School Year _____

Anaphylactic/Severe allergic reaction to _____

_____

High Risk for severe reaction? ▢ Yes ▢ No Date of last reaction (mm/yyyy): _____

Epinephrine/Adrenaline required in the past ▢ Yes ▢ No Date last required (mm/yyyy): _____

Symptoms experienced in the past: _____

MEDICATIONS

Antihistamine: ▢ Diphenhydramine (Benadryl) ▢ Chlorpheniramine (CPM) ▢ Hydroxyzine (Atarax)
▢ Cetirizine (Zyrtec) ▢ Other: _____ ▢ Not required
Dose (specify if tablet/syrup and dose in mg): _____

EpiPen: ▢ EpiPen ▢ EpiPen Junior

Fast Acting Inhaler: ▢ Salbutamol/Albuterol ▢ Not required
Dose: _____

TREATMENT

If allergen exposure and no symptoms: ▢ Antihistamine ▢ EpiPen ▢ Observe ▢ Other: _____

If student experiences ONLY one of the following symptoms, please indicate required treatment

	Antihistamine	Antihistamine + EpiPen +/-Inhaler
Itchy nose, sneezing, itchy mouth	▢	▢
Few hives	▢	▢
Mild stomach ache, nausea or discomfort	▢	▢
Other: _____	▢	▢

If student experiences more than 1 of the above symptoms EpiPen should be given ▢ Yes ▢ No

If only antihistamine is given, student will be continually monitored with EpiPen available and parents contacted.

IF THERE ARE ANY OF THE FOLLOWING SYMPTOMS AN EPIPEN AND ANTIHISTAMINE (+/- INHALER) WILL BE ADMINISTERED.

- SHORTNESS OF BREATH, WHEEZE, COUGH
- SKIN COLOR IS PALE/BLUISH
- WEAK PULSE
- FAINTING/DIZZINESS
- EXTENSIVE HIVE REACTION
- TIGHT OR HOARSE THROAT
- TROUBLE BREATHING OR SWALLOWING
- SWELLING OF LIPS/TONGUE
- VOMITING/DIARRHEA
- AGITATION, CONFUSION, ALTERED CONSCIOUSNESS

THE STUDENT WILL BE TAKEN TO HOSPITAL IMMEDIATELY IF THEY REQUIRE AN EPIPEN TO BE ADMINISTERED.
THE EPIPEN WILL BE ADMINISTERED PRIOR TO CALLING PARENTS IN A RAPID SEVERE REACTION.

Is it appropriate for the student to carry his/her own EpiPen? ▢ Yes ▢ No

Can the student self-administer their EpiPen (understands when and how to administer)? ▢ Yes ▢ No

Signature of Medical Practitioner: _____ Date (dd/mm/yy): _____

Name of Medical Practitioner: _____

Official Stamp:

Qualifications: _____

International School Bangkok
Parental Consent for administration of emergency medication

Student Family Name: _____ Given Name: _____

Date of Birth (dd/mm/yyyy): _____ Grade at ISB: _____ School Year: _____

I/We give employees and associates of the International School Bangkok permission to give my/our child named above the medication listed by the physician for the treatment of a severe allergic reaction.

I/We consent for our child to carry their own medications with them at school and on off campus trips Yes ▢ No ▢

I/We will ensure our child has an EpiPen and antihistamine (+/- inhaler) available to them at all times whilst on campus (to be kept in the Health Centre) and two EpiPens and antihistamine available when on trips off campus. I/We will replace all expired medication as required.

I/We undertake that I/we have given ISB authority to administer this medication on my/our behalf and accept full responsibility for the same in the event that my child has any adverse reaction to this medication, provided that the medication was administered in accordance with my instructions. I give consent for medication to be administered both on campus and during off campus trips.

I/We consent to ISB providing information regarding my child's allergies to supervisors for school activities (such as field trips).

Signed: _____ Signed: _____

Name: _____ Name: _____

Date (dd/mm/yyyy): _____ Date (dd/mm/yyyy): _____

Student Consent to Carry Medication

I _____ (Student name), agree to carry my own medication for the treatment anaphylaxis. I have been instructed in the proper use of my medication and fully understand when and how it is to be administered. I will keep this medication with me at all times. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Nurse each time I take my medication. I understand I am responsible for looking after my medication and ensuring it has not expired. On trips off campus I will ensure I have 2 EpiPens and antihistamines with me at all times.

Signed: _____ Date (dd/mm/yyyy): _____