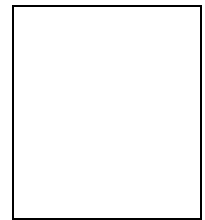


# Emergency Care Plan

**SEVERE ALLERGY TO:**

**Student's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student has Asthma: Yes\***  **No**  \*Asthma symptoms may be caused by an allergic reaction.




**NEVER SEND STUDENT WITH SUSPECTED ALLERGIC REACTION ANYWHERE ALONE!**

Serious Symptoms of an Allergic Reaction			
<b>SKIN</b>	Hives (red welts), itching and/or swelling of face or body	<b>THROAT</b>	Itching, sense of tightness in throat, hoarseness
<b>MOUTH</b>	Itching, tingling and swelling of the lips, tongue or mouth	<b>LUNG</b>	Shortness of breath, coughing, wheezing
<b>GUT</b>	Nausea, vomiting, stomach cramps, diarrhea	<b>HEART</b>	Lightheadedness, dizziness, "passing-out"

**\*\*\*Severity of symptoms can change quickly. Stay with student.\*\*\***

Take this action for NO Known Exposure WITH Mild Symptoms	
<p><b>No known exposure WITH Mild symptoms</b> (please describe))</p> <input type="checkbox"/> Localized hives <input type="checkbox"/> Local swelling <input type="checkbox"/> Other _____	<ol style="list-style-type: none"> <li>1. Call parent/guardian to pick up student for observation and possible treatment outside of school.</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>1. Give Antihistamine: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Specify medication/dose/frequency:</i> _____</li> <li>2. Call parent/guardian antihistamine has been given and ask to pick up for further observation.</li> </ol> <p><b>IF student becomes worse, follow directions below.</b></p>

ACT IMMEDIATELY for Serious Symptoms OR Exposure OR Suspected Exposure	
<ol style="list-style-type: none"> <li>1. Give <b>EPIPEN 0.3mg</b> in upper outer thigh. Medication located <b>HEALTH ROOM &amp; SELF-CARRIES</b> </li> <li>2. <b>CALL 911</b> (ask for advanced life support)</li> <li>3. Call school nurse, parent/guardian or emergency contact.</li> <li>4. IF breathing or pulse STOPS, begin CPR.</li> <li>5. IF no improvement, give <b>SECOND</b> Epinephrine No <input type="checkbox"/> Yes <input type="checkbox"/>, located in _____ How soon after first epinephrine? _____</li> </ol>	<div style="display: flex; align-items: center;">  <ul style="list-style-type: none"> <li>• Pull off safety cap.</li> <li>• Secure child to safely give injection.</li> <li>• Using a quick motion, insert into upper outer thigh.</li> <li>• Hold for 10 seconds.</li> <li>• Carefully remove and put in case.</li> <li>• Briefly massage injection site.</li> <li>• Note time given _____</li> </ul> </div>

Parent/Guardian	Emergency Contact
Name: _____	Name: _____
Phone # 1: Phone # 2: _____	Phone # 1: _____ Phone # 2: _____
Name: _____	Name: _____
Phone # 1: Phone # 2: _____	Phone # 1: _____ Phone # 2: _____

Nurse's Signature \_\_\_\_\_ Kristal Graham, RN \_\_\_\_\_ Date: \_\_\_\_\_

Parent sent copy  Date \_\_\_\_\_ Parent signature (optional) \_\_\_\_\_