STUDENTS **3515F**

Emergency Care Plan

Name: _____

Date of Birth: _____

School: _____

Grade: _____

Insert
Student's Picture

Known Allergies: _____

_____

_____

_____

_____

Asthmatic? Yes:*_____ No: _____

**Higher risk for severe reaction*

STEP 1: TREATMENT

NOTE: Different symptoms may occur with any reaction and the severity of symptoms can change rapidly. Delay in treatment can be fatal. A high level of vigilance must be maintained for any symptoms exhibited by a student with food allergies. **Act quickly!**

Symptoms

Select the medication to be given in each circumstance (To be determined by physician authorizing treatment).				
Food allergen has been ingested, but no symptoms:	Epinephrine:		Antihistamine:	
MOUTH: Itchy, tingling, or swelling of lips, tongue, mouth	Epinephrine:		Antihistamine:	
SKIN: Hives, itchy rash, swelling of the face or extremities	Epinephrine:		Antihistamine:	
GUT: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine:		Antihistamine:	
THROAT: Tightening of throat, hoarseness, hacking cough	Epinephrine:		Antihistamine:	
LUNG: Shortness of breath, repetitive coughing, wheezing	Epinephrine:		Antihistamine:	
HEART: Thready pulse, low blood pressure, fainting, pale, blue	Epinephrine:		Antihistamine:	
OTHER:	Epinephrine:		Antihistamine:	
If more than one of the above areas is affected	Epinephrine:		Antihistamine:	

Dosage (to be determined by physician authorizing treatment)

Epinephrine: (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject .15mg

Other: _____

To administer: _____ Inject intramuscularly

_____ Other: _____

Antihistamine: _____
(medication/dose/route)

Other: _____
(medication/dose/route)

Important: Asthma inhalers and antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

Important: Even if a parent or guardian cannot be reached, do not hesitate to medicate or take the child to a medical facility.

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed. Send someone to meet the emergency services personnel at the school entrance and direct them to the site of the incident. The student will need to be transported to the hospital for further observation.

2. Notify the school nurse and school principal. Normally the administrator or their designee will make the rest of the emergency calls.

3. Dr._____ Phone Number:_____

4. Parent:_____ Phone Number:_____

   Parent:_____ Phone Number:_____

5. Emergency Contacts:

   Name/Relationship:_____

   Phone Number(s):_____

   Name/Relationship:_____

   Phone Number(s):_____

Parent/Guardian Signature:_____ Date:_____

Doctor's Signature: _____ Date:_____