

EMERGENCY CARE PLAN: ALLERGY

Severe Allergy to:

Student Name:

DOB:

Asthmatic: Yes ☐This student is at HIGH RISK for severe reactions. Yes ☐

Date of Last Reaction :

Concurrent Health Concern(s):

Role	Name	Home Phone	Cell Phone	Work Phone
Primary Guardian				
Guardian 2				
Emergency Contact				
Emergency Contact				

Provider:

Number:

Preferred Hospital:

Number:

Current Medication:

Allergies:

Symptoms and Signs of an Allergic Reaction

SYSTEMS	SYMPTOMS - If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911	
☐ MOUTH	Itching, tingling, or swelling of the lips, tongue or mouth.	OTHER SYMPTOMS:
☐ SKIN	Hives, itchy rash, and/or swelling about the face or extremities.	
☐ THROAT	Sense of tightness in the throat, hoarseness, and hacking cough.	
☐ GUT	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea.	
☐ LUNG	Shortness of breath, repetitive coughing, and/or wheezing.	
☐ HEART	"Thready" pulse, passing out, fainting, blueness, pale	
	Panic, sudden fatigue, chills, fear of impending doom.	

Medication Orders

EpiPen® (0.3) ☐	EpiPen Jr.® (0.15) ☐	Side Effects:
Repeat dose of EpiPen®: ☐ Yes ☐ No		If YES, when Date:
Antihistamine: _____ Give: _____ Teaspoons _____ Tablets by mouth		Side Effects:
It is medically necessary for this student to carry an EpiPen® during school hours. ☐ Yes ☐ No Student may self-administer EpiPen®. ☐ Yes ☐ No Student has demonstrated use to LHCP. ☐ Yes ☐ No Student has demonstrated use to School Nurse ☐ Yes ☐ No		

Licensed Health Care Provider's Signature:

Date:

Licensed Health Care Provider's Printed Name:

Phone:

Action Plan: An Adult is to stay with student at all times.

GIVE MEDICATION AS ORDERED ABOVE. Medication is located. Other Other Location: _____
 CALL 911 IMMEDIATELY. 911 MUST BE CALLED WHENEVER EpiPen® is administered. DO NOT HESITATE to administer EpiPen® and to call 911 even if the parents cannot be reached. Advise 911 that student is having a severe allergic reaction and EpiPen® is being administered. An adult trained in CPR is to stay with the student. Monitor and begin CPR if necessary. Call the School nurse _____. Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives. Notify the administrator and parent/guardian. Give Used EpiPen® to EMS along with a copy of the Care Plan.

Note time of arrival and departure of ambulance; complete this form, sign and date, and send a copy of form with the ambulance.

The following staff members are trained to deal with an emergency, and initiate the appropriate procedures.

1: 2: 3:

Registered Nurse's Signature

Date

Parent/Guardian Signature

Date