

# Emergency Care Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergy to: \_\_\_\_\_ Asthmatic: Yes\*  No  \*Higher risk for severe reaction



## ■ STEP 1: TREATMENT ■

Rinse contact area with water, if appropriate

<b>Symptoms:</b>	<b>Give Checked Medication**:</b> <small>** (To be determined by physician authorizing treatment)</small>
▪ If exposed to allergen but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>*Throat:</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>*Lung:</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>*Heart:</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>*Other</b>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>*Potentially life-threatening. The severity of symptoms can quickly change.</b>	

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one, and see reverse side for instructions)

EpiPen 0.3mg    EpiPen® Jr. 0.15    Twinject® 0.3 mg    Twinject® 0.15 mg    Auvi-Q 0.3 mg    Auvi-Q 0.15 mg

**Antihistamine:** give (medication/dose/route) \_\_\_\_\_

On field trips only an Epi-Pen will be available for suspected allergic reaction.

We give permission for this student to self carry & self administer these medications

**IMPORTANT:** Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

## ■ STEP 2: EMERGENCY CALLS ■

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

4. Emergency contacts:

a. Name/Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

b. Name/Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

Staff Members Trained in Epinephrine Administration: \_\_\_\_\_

**THIS INFORMATION WILL BE SHARED WITH STAFF MEMBERS ON A NEED TO KNOW BASIS**