



**Health Services Division
Anaphylactic/Allergy Emergency Care Plan**

Students Name: _____ Date of Birth: _____

Allergy to: _____

- Known reactions: _____
- Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.)
- A severe allergic reaction requires **IMMEDIATE ACTION. CALL 911**. If student is not breathing, start rescue breathing or CPR by a trained individual.

| If you see this . . . | Do this . . . |
|--|---|
| <ul style="list-style-type: none"> • Reported or suspected ingestion • Difficulty talking • Rash / hives / itchy skin • Swelling at sting site • Wheezing, difficulty swallowing or breathing • Swelling of face, eyes, lips tongue or neck • Tingling/swelling of tongue • Vomiting/diarrhea/cramps • Extreme paleness/gray color, clammy skin • Blue discoloration of lips/fingernails • Unresponsive / loss of consciousness | <p><u>Stay with student , keep student quiet</u></p> <ol style="list-style-type: none"> 1. Call for School Nurse at EXT _____, for mild symptoms 2. Observe student for symptoms worsening 3. If worse: Administer Epi-Pen if trained and <u>CALL 911</u> <p><u>If not trained:</u></p> <ul style="list-style-type: none"> • <u>CALL 911</u> immediately • Call School Nurse at EXT _____ and state student’s name, state allergic reaction so nurse can bring emergency medication • Call Parent/Guardian • Notify Administration <p><u>Directions for use of Epi-Pen</u></p> <ol style="list-style-type: none"> 1. Pull off gray or blue cap and grasp firmly in fist 2. DO NOT place fingers over black or orange tip. 3. Swing and firmly pushing the black or orange tip against the outer thigh until it clicks 4. Hold in place for 3 seconds then remove. Count slow. 5. Massage the area for 10 seconds. <p>Do not return Epi Pen to holder, give to EMS personnel or discard in sharps container</p> |

| Emergency Medication Name | Amount | In Clinic or On Student |
|---------------------------|--------|-------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Comments or special instructions:

Parent/Guardian Name: _____ Phone _____

| | Student’s Grade / Date / Nurse’s Initials | | | |
|--|---|--|--|--|
| _____ School Nurse/Licensure/Initials | | | | |
| _____ School Nurse/Licensure/Initials | | | | |
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