



# Emergency Care Plan



## FOOD ALLERGY

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Asthmatic:  Yes  No (increased risk for severe reaction) Allergen(s): \_\_\_\_\_

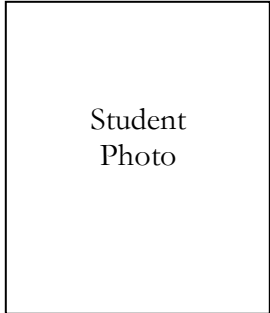
Mother: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ M-Cell \_\_\_\_\_

Father: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ F-Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** “Thready pulse”, “passing out”



**The severity of symptoms can change quickly – It is important that treatment is give immediately.**

**STAFF MEMBERS INSTRUCTED:**  Classroom Teachers  Rebbeim  Office/Administration

**TREATMENT:** Rinse contact area with water if appropriate. Call school nurse. Call parent/guardian

Treatment should be initiated  with symptoms  without waiting for symptoms

**Benadryl ordered:**  Yes  No Give \_\_\_\_\_ Benadryl per provider’s orders

**Epinephrine ordered:**  Yes  No Special instructions: \_\_\_\_\_

**IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred Hospital if transported: \_\_\_\_\_

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

PERMISSION TO CARRY AND SELF-ADMINISTER EPI-PEN  YES  NO

Both Parent and Physician give permission for the student to carry an EpiPen on his person as he is considered to be responsible. He has been instructed in and understands the purpose and appropriate method when to use his EpiPen

**Healthcare Provider:** \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Signature** to share this plan with Provider and School Staff: \_\_\_\_\_ Date: \_\_\_\_\_

*This plan is in effect for the current school year.*