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| NAME:  | Severe ALLERGY to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list the specific symptoms your student has experienced in the past: (Include words student may use) | Asthma? \_\_\_Yes (High risk for severe reaction) \_\_\_\_\_NoRoutine Medications (at home/school):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Date of last reaction: |
| Location(s) where Epipen®/Rescue medications is/are stored:\_\_\_\_\_Office \_\_\_\_\_Backpack \_\_\_\_\_On Person \_\_\_\_\_Coach \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Allergy 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 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 GENERAL Panic, sudden fatigue, chills, fear of impending doom OTHER Some students may experience symptoms other than those listed above |

LIFE-THREATENING ALLERGY CARE PLAN

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| **MEDICATION ORDERS**EpiPen® (0.3)\_\_\_\_\_\_\_EpiPen Jr.® (0.15) \_\_\_\_\_\_\_Repeat dose of EpiPen®: \_\_\_\_Yes \_\_\_\_No If YES, When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Side Effects: |
| Antihistamine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cc/mg Give \_\_\_\_\_\_\_\_Teaspoons \_\_\_\_\_\_\_\_Tablets by mouthSide Effects: | Other Medications Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*\*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 how to use to staff/parents. \_\_\_\_\_Yes \_\_\_\_\_No |
| Licensed Health Care Provider’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ACTION PLAN**> **GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.**  \*NOTE TIME\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM (Epipen®/adrenaline given) \* NOTE TIME \_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM (Antihistamine given)> **CALL 911 IMMEDIATELY -** 911must 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 student is having a severe allergic reaction and Epipen® is being administered.> An adult trained in CPR is to stay with student- monitor and begin CPR if necessary> Call the School Nurse or school. \*Student should remain with a staff member at the location where symptoms began until EMS arrives. \*Notify the administrator and parent guardian. \*Dispose of used EpiPen® in “sharps” container or give to EMS along with a copy of the Care Plan.  |
| **EMERGENCY CONTACTS** |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_