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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) \_\_\_\_\_No  Routine 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 mouth  Side 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_