HEALTH CARE/ EMERGENCY PLAN
Severe Allergic Reaction and/or Anaphylaxis

Place Photo Here

STUDENT INFORMATION
Name:_____ School:_____

Date of Birth:_____ Grade:_____ Teacher:_____

ALLERGY TO: (Please list) _____

Is child Asthmatic? *Yes No *Higher risk for severe reaction
Number of hospitalizations for allergic reaction_____

STEP 1: TREATMENT

SYMPTOMS:		**GIVE CHECKED MEDICATION:**
If a food allergen has been ingested, but no symptoms:		___ Epinephrine ___Antihistamine
If an insect sting has occurred:		___ Epinephrine ___Antihistamine
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	___ Epinephrine ___Antihistamine
Skin	Hives, itchy rash, swelling of face or extremities	___ Epinephrine ___Antihistamine
Abd	Nausea, abdominal cramps, vomiting, diarrhea	___ Epinephrine ___Antihistamine
Throat†	Tightening of throat, hoarseness, hacking cough	___ Epinephrine ___Antihistamine
Lung†	Shortness of breath, repetitive coughing, wheezing	___ Epinephrine ___Antihistamine
Heart†	Thready pulse, low blood pressure, fainting, pale, Blueness of lips or fingernails	___ Epinephrine ___Antihistamine
Other†	_____	___ Epinephrine ___Antihistamine
If reaction is progressing(several of above areas affected) give		___ Epinephrine ___Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE:
Epinephrine: See attached instructions.
Inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™0.3mg Twinject™0.15mg

Antihistamine:_____

Other:_____

Field trip plan:_____

Student: _____

STEP 2: EMERGENCY CALLS

1. CALL 911. State an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____.

3. Emergency Contacts:

Name/Relationship	**Phone Numbers**
_____	_____ **or** _____
_____	_____ **or** _____
_____	_____ **or** _____

Hospital of Choice:_____

Even if parent/Guardian cannot be reached, do not hesitate to medicate or take child to medical facility.

I give the school nurse permission to consult(verbally and in writing) with the above named student's physician regarding any questions that may arise concerning medical condition and/or medications/treatments/procedures being used to treat the condition. ___Yes ___No

Parent Signature_____ **Date**_____

School Nurse_____ **Date**_____

Physician Signature_____ **Date**_____

(Physician Signature needed if medications/treatments at school.)

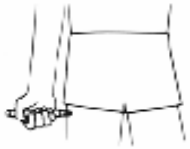
Student: _____

TRAINED STAFF MEMBERS	
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions

- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*