

EMERGENCY CARE PLAN: (Severe Allergic Reaction):

Student Name:		D.O.B:	Grade:
Bus # to:	Bus # from:	Teacher:	
Parent/Guardian:		Hm.Phone:	
Alternate phone:			
Physician:		Physician phone:	

Current Treatment Overview:

If exposed to _____ a severe allergic reaction may occur that requires emergency medication and/or medical treatment (911). **At this time this student does or does not have** emergency medication at school. Please keep all types of _____ products out of your room. Clear all snacks with parents.

Symptoms/Signs of Emergency – symptoms may progress to life threatening quickly

If student states they have been exposed to the allergen and/or has any of the following symptoms:

- Face:** itching/swelling of lips, tongue, mouth, eyes and face
- Skin:** hives, itchy rash, and/or swelling of face or extremities
- Abdomen:** nausea, cramps, vomiting and/or diarrhea
- Throat:** itching, sense of tightness or hoarseness
- Lungs:** shortness of breath, coughing or wheezing
- Heart:** faint pulse or fainting

Actions for Teacher (or sub/aide) to Take:

At School:

1. **Stay calm.** Remain with the student and have someone call for help (**clinic ext: 103; Office ext: 100**). Give the student’s name, location and reason for the emergency. * **Alternate plan:** have an adult escort student directly to the clinic.
2. **Provide Privacy.** Send another student to a neighboring classroom to have a staff member remove students from the room or to supervise them if possible until a nurse arrives.
3. **Administer Epipen** if you have one and have been trained to use it.

Off campus: NOTIFY THE SCHOOL NURSE AT LEAST ONE WEEK PRIOR TO A FIELD TRIP SO THAT APPROPRIATE INSTRUCTIONS CAN BE GIVEN

1. **Stay calm:** remain with the student and have someone call 911. They need to give their name, location and reason for the emergency.
2. **Administer Epipen** at this time if you have been given one and are trained to use it.
3. **Notify school nurse at (829-4433)**
4. **Notify Parent**


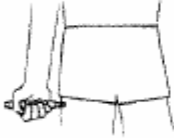



Actions for Office to Take:

1. If notified by the nurse, the office will call 911 immediately and report a severe allergic reaction.
2. The office will notify the Principal and Assistant Principal and the parents if they are directed to do so.

Action for School Nurse or sub:

1. Respond to call for help Proceed to the location with a copy of the Emergency Medical Authorization and emergency medications (Benadryl and/or Epipen).
2. Assess student’s medical condition to determine if 911 (emergency medical services) should be called and direct a person to do so if appropriate.
3. Administer emergency medications as indicated. If Epipen is administered, 911 must be called and student must be transported to the hospital.

4. Monitor student's status until emergency help has arrived.
5. Notify principal and office of medical emergency.
6. Initialize a medical report for records.

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ 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. 	<p>Twinject® 0.3 mg and Twinject® 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Remove caps labeled "1" and "2." ▪ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.  <p><u>SECOND DOSE ADMINISTRATION:</u> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove. 
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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.*



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EPIPEN DIRECTIONS: Make sure student is sitting or lying down. Pull off gray cap. Place black tip on outer thigh and press firmly until auto inject functions. You may inject through clothes if necessary. Hold in place until the count of 10. Remove EpiPen and massage area for 10 seconds. Watch for signs of respiratory arrest and give CPR if needed. Call 911 for transport to a hospital for further medical treatment.

Parent Signature (optional) _____

Date: _____

Plan written by: _____

Date: _____

(Adoption date: April 16, 2009)