

The Village Charter School No. 473

STUDENTS

3515F

Emergency Care Plan

Name: _____

Date of Birth: _____

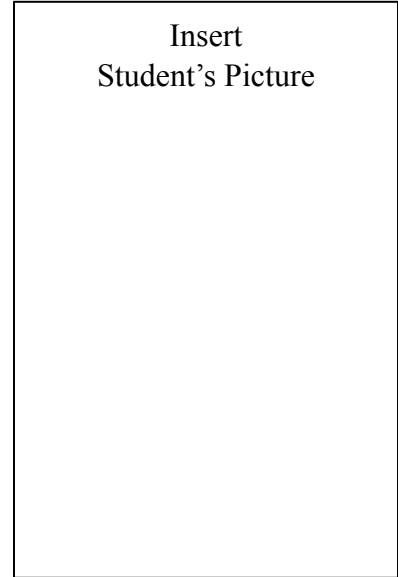
School: _____

Grade: _____

Known Allergies: _____

Asthmatic? Yes:* _____ No: _____

**Higher risk for severe reaction*



STEP 1: TREATMENT

NOTE: Different symptoms may occur with any reaction and the severity of symptoms can change rapidly. Delay in treatment can be fatal. A high level of vigilance must be maintained for any symptoms exhibited by a student with food allergies. **Act quickly!**

Symptoms

Select the medication to be given in each circumstance (To be determined by physician authorizing treatment).			
Food allergen has been ingested, but no symptoms:	Epinephrine:	Antihistamine:	
MOUTH: Itchy, tingling, or swelling of lips, tongue, mouth	Epinephrine:	Antihistamine:	
SKIN: Hives, itchy rash, swelling of the face or extremities	Epinephrine:	Antihistamine:	
GUT: 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, blue	Epinephrine:	Antihistamine:	
OTHER:	Epinephrine:	Antihistamine:	

If more than one of the above areas is affected	Epinephrine:		Antihistamine:	
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Dosage (to be determined by physician authorizing treatment)

Epinephrine: (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject .15mg
 Inject intramuscularly (see following page for instructions)

Antihistamine: _____
 (medication/dose/route)

Other: _____
 (medication/dose/route)

Important: Asthma inhalers and antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

Important: Even if a parent or guardian cannot be reached, do not hesitate to medicate or take the child to a medical facility.

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed. Send someone to meet the emergency services personnel at the School entrance and direct them to the site of the incident. The student will need to be transported to the hospital for further observation.
2. Notify the School nurse and School principal. Normally the administrator or their designee will make the rest of the emergency calls.
3. Dr. _____ Phone Number: _____

4. Parent: _____ Phone Number: _____

Parent: _____ Phone Number: _____

5. Emergency Contacts:

Name/Relationship: _____

Phone Number(s): _____

Name/Relationship: _____

Phone Number(s): _____

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Epinephrine Directions

The following staff members have been trained to use the epinephrine auto-injectors:

Name: _____ Room: _____

Name: _____ Room: _____

Name: _____ Room: _____

Name: _____ Room: _____

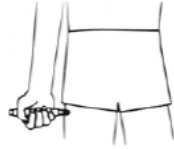
Name: _____ Room: _____

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 the EpiPen or Twinject is used, call 911. Take the used unit with you to the emergency room. Plan to stay for observation at the emergency room for at least 4 hours.