



Emergency Care Plan



FOOD ALLERGY

Student: _____

Grade: _____

DOB: _____

Asthmatic: Yes No (increased risk for severe reaction)

Allergen(s):

Parent: _____

Home #: _____

Work #: _____

Cell #: _____

Healthcare Provider: _____

Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** “Thready pulse”, “passing out”

The severity of symptoms can change quickly – it is important that treatment is give immediately.

STAFF MEMBERS INSTRUCTED:

Administration

Classroom Teacher(s)

Support Staff

Special Area Teacher(s)

Transportation Staff

TREATMENT: Rinse contact area with water if appropriate

Treatment should be initiated with symptoms without waiting for symptoms

Benadryl ordered: Yes No Give _____ Benadryl per provider’s orders

Call school nurse. Call parent/guardian if off school grounds.

Epinephrine ordered: Yes No Special instructions: _____

Directions for use of Epi-pen: *Pull off gray cap * Place black tip against outer thigh, halfway between knee and hip * Press firmly until you hear a click. *Hold in place for 10 seconds, then remove.* Do not return Epi-pen to holder, give to EMS.

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____

Phone: _____

Written by: _____

Date: _____

Copy provided to Parent

Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____