

**Snake River District #52**

**STUDENTS**

**3515F**

**Emergency Care Plan**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

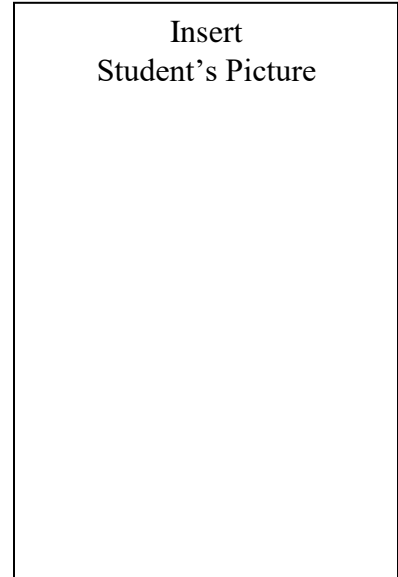
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>Select the medication to be given in each circumstance (To be determined by physician authorizing treatment).</b>			
Food allergen has been ingested, but no symptoms:	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
MOUTH: Itchy, tingling, or swelling of lips, tongue, mouth	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
SKIN: Hives, itchy rash, swelling of the face or extremities	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
GUT: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
THROAT: Tightening of throat, hoarseness, hacking cough	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
LUNG: Shortness of breath, repetitive coughing, wheezing	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
HEART: Thready pulse, low blood pressure, fainting, pale, blue	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
OTHER:	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>
If more than one of the above areas is affected	Epinephrine:	<input type="checkbox"/>	Antihistamine: <input type="checkbox"/>

**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: \_\_\_\_\_

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.