

Life Threatening Allergy - FOOD ALLERGY – EMERGENCY CARE PLAN

20 – 20 School Year

Student Name: _____ DOB _____ Grade _____

Identified Allergen _____
 Asthma Yes No Other relevant health concern: _____

◆STEP 1: TREATMENT◆

| <u>Symptoms:</u> | <u>Give Checked Medication**:</u> ** (To be determined by physician authorizing treatment) | |
|---|---|--|
| • If a food allergen has been ingested, but <i>no symptoms</i> : | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Throat* Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Lung* Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Heart* Weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other* | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • If reaction is progressing (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

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

DOSAGE

diphenhydramine: _____
 Medication/dose/route

epinephrine: _____ (See reverse side for instructions).
 Medication/dose/route

Provider – please check Level of Assistance:

Independent Student: No assistance is needed from school staff except during emergencies. May self-administer and carry medicine. A back up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively, and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff except in emergencies.

Supervised Student: Adult school staff trained by RN may assist student when taking medication ordered above. The medication will be kept in Health Office or with adult school staff at school/school sponsored activity (i.e. field trips).

Nurse Dependent Student: NYS RN, NP, Physician, or PA must administer medication(s). School staff may not assist student with medication.

◆STEP 2: EMERGENCY CALLS◆

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

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s): _____

4. Emergency contacts:
 Name/Relationship Phone number(s)
 a. _____
 b. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

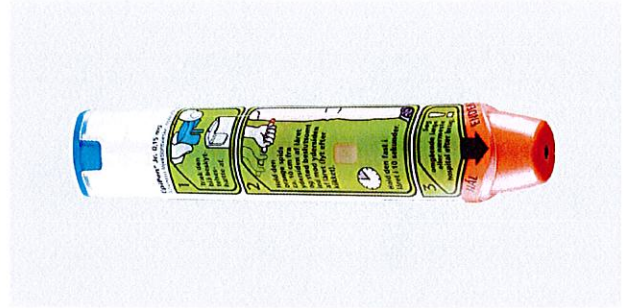
Healthcare Provider's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

NOTE: The Parent / Guardian signature authorizes the school to share this information with school staff on a "need-to-know" basis. In the event of an emergency care will be initiated and parents will be contacted.

Directions for EpiPen® Use

- Green label for small child.
 - Yellow label for larger child or adult.
1. Hold firmly with orange tip pointing downward.
 2. Remove blue safety release.
 3. Swing and push orange tip firmly into mid-outer thigh (through clothing if necessary) until you hear a 'click'.
 4. Hold in place for 10 seconds.
 5. Massage the injection site for 10 seconds
 6. Once EpiPen® is used, call 911/EMS. Take the used EpiPen® to the emergency room with you.



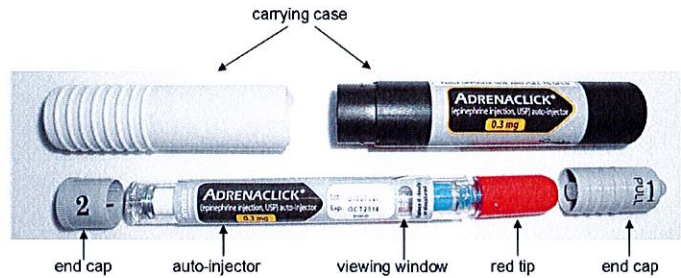
Directions for Auvi-Q® Use

- Blue for small child.
 - Orange for larger child or adult.
1. Pull Auvi-Q® from the outer case, audio instructions begin.
 2. Pull off red safety guard
 3. Place black end against outer thigh (through clothing if necessary), press firmly and hold for 5 seconds.
 4. The Auvi-Q® makes a distinct click and hiss when activated, this is normal.
 5. Once Auvi-Q® is used, call 911/EMS. Take the used Auvi-Q® to the emergency room with you.



Directions for Adrenaclick®

- Orange label for small child.
 - Yellow label for larger child or adult.
1. Remove the outer case.
 2. Remove grey caps labeled "1" and "2".
 3. Place red rounded tip against mid-outer thigh.
 4. Press down hard until needle penetrates.
 5. Hold for 10 seconds. Remove from thigh.
 6. Once Adrenaclick® is used, call 911/EMS. Take the used Adrenaclick® to the emergency room with you.



Directions for Teva® – Generic EpiPen

- Green label for small child.
 - Yellow label for larger child or adult
1. Twist off green or yellow cap in direction of of "twist arrow" to remove cap.
 2. Grasp injector in your hand with orange tip pointing down. With your other hand pull off blue safety release.
 3. Swing and push orange tip against mid-outer thigh till click is heard. Hold in place 3 seconds.
 4. Once EpiPen is used, call 911/EMS. Take used EpiPen to the ER or give to EMS.

