



Emergency Care Plan



Anaphylaxis

Known Allergies: _____
 Previous episode of anaphylaxis: _____
 Describe incident: _____

Student's Name: _____ # _____ DOB: _____ Age: _____
 Mother: _____ M. home #: _____ M. cell/work #: _____
 Father: _____ F. home #: _____ F. cell/work #: _____
 Emergency Contact: _____ Relationship: _____ phone: _____ or _____
 Healthcare Provider: _____ phone: _____ Trained Personnel: _____
 Nurse: _____ phone: _____ Trained Personnel: _____

Anaphylaxis

Does the student have asthma? Yes No (increased risk for severe reaction)

Anaphylaxis symptoms can be triggered by:

- **Food:** Milk, egg, tree nuts, fish, shell fish, soy, wheat, other: _____
- **Insect bites:** Yellow jacket, hornet, bee, wasp sting, fire ants, other: _____
- **Other trigger:** _____

If you see this:

Symptoms of an allergic reaction may include any/all of the following:

(Please circle child's previous reaction)

- Itching or swelling of lips, tongue or mouth. Hoarse, coughing, itching, tightness in throat, difficulty swallowing.
- Coughing, wheezing, shortness of breath, difficulty breathing, Increased heart rate, weak pulse.
- Redness, itchy hives, itchy rash, swelling of face and extremities.
- Nausea, vomiting, abdominal cramps, diarrhea.
- Dizziness, feeling faint, pain at site.
- Other symptoms: _____
- _____
- _____
- _____

Do this: Act Quickly!

Follow the Medication/Treatment Authorization Plan:

- **Medication on file to give in case of emergency:**
 Yes No
- **As per MD instructions, treatment should be initiated as directed with symptoms:**
Antihistamine: _____ dose: _____ route: _____
- **Epinephrine:** _____ dose: _____ route: _____
- **Where is it located:** _____
- **Call 911 after using auto-injector (Epi-Pen).**
- **Contact:** UAP, RN, Parent/guardian.
- **Stay with student at all times. Stay calm.**
- **Monitor student's reaction, respiratory and heart rate**
- **Special Instructions:** _____

Call 911- The severity of symptoms can change quickly –

it is important that treatment is given immediately in the order that places the student's safety first.

Call parent/guardian immediately and notify them of his or her condition.

STEPS TO FOLLOW FOR AN EMERGENCY:

- **Call 911.** They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes (Med Authorization form).
- 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. Preferred Hospital if transported: _____

Emergency Care plan done Distributed to school staff on a need to know

Reviewed with parent: in person by phone. Name of parent: _____

RN signature: _____ Date: _____