

Student Picture Here

EMERGENCY CARE PLAN - ALLERGY

Name _____ Birthdate _____

School _____ School Year _____

Teacher _____ Grade _____

Allergy to _____

Asthma: Yes (higher risk for a severe reaction) No

**ALL STUDENT'S EMERGENCY MEDICATIONS MUST BE EASILY ACCESSIBLE AT ALL TIMES.
EMERGENCY MEDICATIONS MUST ACCOMPANY STUDENT ON ALL TRIPS AWAY FROM THE BUILDING.**

**Inject epinephrine immediately for any exposure to known allergen
(with or without symptoms)**

Circle specific symptoms listed below that your child is known to have:

MILD SYMPTOMS ONLY: Exposure unknown

MOUTH: Itchy mouth
NOSE: Runny nose, sneezing
SKIN: A few hives around mouth/face, mild itch in one area
EYES: Red, watery, itching
GUT: Mild nausea/discomfort



1. Administer antihistamine:

Medication _____
Location _____
Dose _____
When to give _____

2. Additional Medication if any:

Medication _____
Location _____
Dose _____
When to give _____

3. Stay with Student

4. Call parent

If symptoms don't improve or get worse, move on to Severe Symptom treatment

Circle specific symptoms listed below that your child is known to have:

Any SEVERE SYMPTOMS: Exposure suspected or known

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing, drooling
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Progressing hives, rash, swelling
MENTAL: Feeling of doom, confusion, loss of consciousness, dizziness

Or combination of symptoms for different body areas:

SKIN: Hives, itchy rashes, swelling (eyes, lips)
GUT: Vomiting, diarrhea, cramps



1. INJECT EPINEPHRINE IMMEDIATELY

Medication _____
Location _____
Dose _____

2. Call 911, Notify time Epinephrine given.

3. Keep student calm and seated

4. Monitor students condition and provide first aid if necessary

**5. If symptoms don't improve after _____ min,
Give second dose of EPI (if available)
Location _____
Medication _____
Dose _____**

6. Call parent

7. Stay with Student until EMS arrives

8. Complete District required forms

School Nurse Signature: _____ Date: _____

EPI PEN AND EPI PEN JR. ADMINISTRATION INSTRUCTIONS

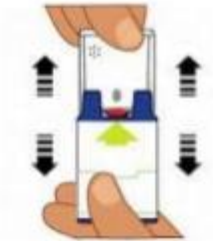


- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

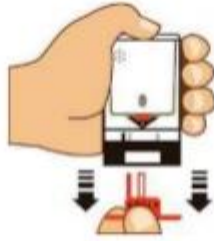


- Swing and push orange tip firmly into mid-outer thigh until you hear a “click.”
- Hold on thigh for 10 seconds.

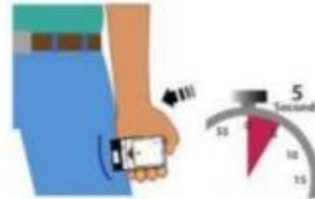
Auvi-Q™ Administration Guide



Pull cartridge from case.



Pull off **RED** Safety Guard



Place **BLACK** end against outer thigh, then press firmly and hold for 5 seconds.