Health Care Plan

SEVERE ALLERGY TO: _____

Child's Name _____ Birth Date _____ Current Weight _____

School _____ Classroom/Grade _____

EMERGENCY TREATMENT

For Mild Symptoms

- Several hives
- Itchy skin
- Swelling at site of an insect sting

OR If an ingestion (or sting) is suspected

Treatment:

1. Send child to health office **ACCOMPANIED.**
2. Give _____ (dose (amount)) of _____ (antihistamine) by mouth.
3. Contact the parent or emergency contact person.
4. Stay with the student, keep student quiet, monitor symptoms until parent arrives. Watch student for more serious symptoms listed below.

Special Instructions (for health care provider to complete):

Severe Symptoms can cause a *Life Threatening Reaction*

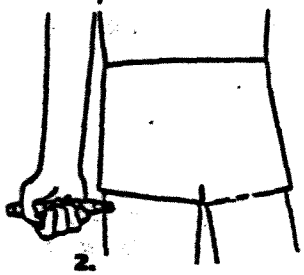
- **Hives spreading over the body**
- **Wheezing, Difficulty swallowing or Breathing**
- **Swelling of face/neck, Tingling or swelling of tongue**
- **Vomiting**
- **Signs of Shock (extreme paleness/grey color, clammy skin)**
- **Loss of Consciousness.**

Treatment:

1. **Give EpiPen® or EpiPen Jr.® immediately,** place against upper outer thigh, through clothing if necessary.
2. **CALL 911** (or local emergency response team) immediately
   EpiPen® only lasts 20-30 minutes
   911 (emergency response team) should always be called if EpiPen® is given
3. Contact parents or emergency contact person.
   If parents unavailable, school staff should accompany the child to the hospital.

Directions for use of EpiPen®:

1. Pull off grey cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, then remove.
5. Discard EpiPen® in impermeable can. Dispose per school policy, or give to emergency care responder. Do not return to holder.



Special Instructions (for health care provider to complete)

It is understood by the parent(s) and health care provider that this plan may be carried out by school personnel other than the school nurse. A Registered Nurse is to be responsible for delegation of this task to an unlicensed person.

Prescribing Practitioner Signature _____ Date _____

Parent/Guardian Signature _____ Date _____