

HEALTH CARE PLAN YEAR: _____ SCHOOL: _____

NAME: _____ CONDITION: ANAPHYLAXIS

ALLERGY TO: _____ SENT: _____ RETURN: _____

D.O.B: _____ Grade/Teacher: _____ Bus: NO ___ Yes ___ Bus # _____

Parents: _____ Phone Number: _____

Address: _____ School Nurse: _____

Medical Supervisor: _____ Phone Number: _____

Asthmatic Yes: _____ * (High risk for severe reaction) No: _____ Ingestion Only Yes _____ No _____

*****STEP 1: TREATMENT*****

Symptoms: _____ **Give Checked Medication****

**(To be determined by physician authorizing treatment)

- If exposed to allergen, but no symptoms Epinephrine Antihistamine
- Mouth – itching, tingling, or swelling of lips, tongue, mouth Epinephrine Antihistamine
- Skin – hives, itchy rash, swelling of the face or extremities Epinephrine Antihistamine
- Gut – nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine
- Throat* - tightening of throat, hoarseness, hacking cough Epinephrine Antihistamine
- Lung* - shortness of breath, repetitive coughing, wheezing Epinephrine Antihistamine
- Heart* - thready pulse, low blood pressure, fainting, pale, blueness Epinephrine Antihistamine
- Other* _____ Epinephrine Antihistamine
- If reaction is progressing (several of the above areas affected), give Epinephrine Antihistamine

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

Dosage

Epinephrine: inject intramuscularly (check one) EpiPen EpiPen Jr Twinject 0.3 mg Twinject 0.15 mg

Placement of Epi Pen: Office _____ with student _____

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis!

*****STEP 2: EMERGENCY CALLS*****

1. CALL RESCUE SQUAD: 911 . State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. CALL PARENTS
3. CALL NURSE
3. OTHER EMERGENCY CONTACTS

Name: _____ **Relation:** _____ **Phone:** _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

I give permission for the information in this health care plan to be given to any personnel of the Iron county School District that works with my child.

Parent Signature Date Doctor's Signature Date

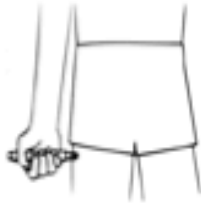
School Nurse Signature Date

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen or Twinject is used, call the rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine.