

ALLERGY EMERGENCY CARE PLAN

Student Name _____ D.O.B. _____ Teacher: _____

PLACE CHILD'S PICTURE HERE

LIFE-THREATENING ALLERGIES: _____

OTHER ALLERGIES: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆STEP 1: TREATMENT◆ (to be completed by physician)

Symptoms

Give Checked Medication**

**(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but no symptoms:
- Mouth Itching, tingling or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat Tightening of throat, hoarseness, hacking cough
- Lung Shortness of breath, repetitive coughing, wheezing
- Heart Thready pulse, low blood pressure, fainting, pale, blueness
- Other _____

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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• If reaction is progressing (several of the above areas affected) give
The severity of symptoms can quickly change and symptoms can potentially progress to a life threatening situation.

DOSAGE

Epinephrine: inject intramuscularly EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15 mg

Should second epinephrine be administered: Yes No If yes, after _____ minutes.

Antihistamine: give _____ medication/dose/route

Doctor's Signature (REQUIRED) _____ Date _____

◆STEP 2: EMERGENCY CALLS◆

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

2. Parent's Name _____ home phone _____ work phone _____ cell phone _____

Parent's Name _____ home phone _____ work phone _____ cell phone _____

3. **Emergency contacts:** (List phone numbers in order they should be called)

Name/Relationship

Phone Numbers

a. _____ home phone _____ work phone _____ cell phone _____

b. _____ home phone _____ work phone _____ cell phone _____

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

Parent/Guardian Signature _____ Date _____