

**To be completed for children who are at risk of anaphylaxis
and who have a prescribed EpiPen.**



Emergency Health Care Plan

SEVERE ALLERGY TO: _____

Student's Name: _____ Class/Year: _____

Birthdate: _____ Weight: _____ Date Weighed _____

EMERGENCY TREATMENT

If student experiences mild symptoms of:

Several hives

Itchy skin

Swelling at site of an insect sting

OR

If an ingestion (or sting) is suspected

Treatment:

1. Send student to health office ACCOMPANIED
2. Give [dose] _____ 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):

Symptoms that progress can cause a life threatening reaction: Severe allergic reaction

Hives spreading over the body

Wheezing, difficulty swallowing/breathing, swelling (face, neck), tingling/swelling of tongue

Vomiting

Signs of shock (extreme paleness/grey color, clammy skin), loss of consciousness.

Treatment:

1. Give EpiPen or EpiPen Jr. immediately; hold against upper outer thigh, through clothing if necessary.
2. Call 911 (or local emergency response team) immediately.
EpiPen only lasts 20-30 minutes.
Paramedics should always be called if EpiPen is given
3. Contact parents or emergency contact person.
If parents unavailable, school personnel 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 and dispose per school policy, or give to emergency care responder. (Do not return to holder)

Special Instructions (for health care provider to complete):

Physician's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____