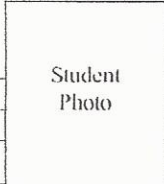


STUDENT ALLERGY/ANAPHYLAXIS CARE PLAN

Student Name _____ D.O.B. _____ Teacher _____
 School Nurse _____ Phone Number _____
 Health Care Provider _____ Preferred Hospital _____
 History of Asthma No Yes (Higher risk for severe reaction)



ALLERGY: (check appropriate) **TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY**
 Foods (list): _____ Medications (list) _____
 Latex: Circle: Type I (anaphylaxis) Type IV (contact dermatitis)
 Stinging Insects (list): _____ Other (list): _____

RECOGNITION AND TREATMENT: To be completed by Health Care Provider ONLY		Give CHECKED Medication	
<i>If food ingested or contact with allergen occurs:</i>		Epinephrine	Antihistamine
No symptoms noted	Observe for other 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 BP, fainting, pale, blueness		
Neuro+	Disorientation, dizziness, loss of consciousness		
If reaction is progressing (several of the above areas affected), GIVE:			
<i>The severity of symptoms can quickly change. + Potentially life-threatening</i>			

DOSAGE: TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY

- Epinephrine: Inject into outer thigh 0.3 mg OR 0.15 mg
- Antihistamine: Diphenhydramine (Benadryl®) _____ mg (Liquid or Fastmelts). ONLY if able to swallow.
- Epinephrine Auto Injector will be used for a severe asthma episode at school, this may be given in addition to the student's prescribed medication or if the student does not have access to their prescribed medication.
- This child has received instruction in the proper use of the Auto-injector: EpiPen® or Twinject® (circle one). It is my professional opinion that this student **SHOULD** be allowed to carry and use the auto-injector independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the auto-injector is self-administered.
 It is my professional opinion that this student **SHOULD NOT** carry the auto-injector.
 This child has special needs and the following instructions apply: _____

Health Care Provider Signature _____ Phone: _____ Date _____

- ASD EMERGENCY PROTOCOL:**
1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
 2. Call parents/guardian to notify of reaction, treatment and student's health status.
 3. Treat for shock. Prepare to do CPR.