

# Anaphylaxis Emergency Care Plan

Name \_\_\_\_\_ School/Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Allergy \_\_\_\_\_

Address \_\_\_\_\_ Ph: (H) \_\_\_\_\_ Ph:(W) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Ph: (H) \_\_\_\_\_ Ph:(W) \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Name	Relationship	Phone
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Emergency Contact #2 \_\_\_\_\_

Name	Relationship	Phone
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Health Care Provider \_\_\_\_\_ Ph: \_\_\_\_\_

Preferred Hospital Emergency Department \_\_\_\_\_

**WATCH FOR SIGNS OF EMERGENCY:**  Check symptoms usually shown by this patient when exposed to a known allergen.

- Tightness of throat and/or chest
- Difficulty breathing or talking
- Generalized itching, rash, or hives
- Swelling of eyes, lips, tongue, throat, or neck
- Blue or gray discoloration of lips or fingernails
- Vomiting, stomach cramps or diarrhea
- Seizures
- Loss of consciousness
- Other \_\_\_\_\_

**ACTION FOR NON-NURSING PERSONNEL**

1. Uses medication  Yes  No It is stored: \_\_\_\_\_  
 Can this student self-administer?  Yes  No

**EPI-PEN TO BE GIVEN BY TRAINED STAFF. DO NOT DELAY IN GIVING MEDICATION**

2. Call 911. Notify office when 911 is called. Inform the dispatcher of anaphylaxis history and present recent exposure. Let them know if epinephrine has been given and to send a paramedic. Remain calm and stay with the student. Provide CPR by a trained person as needed. Always transfer to a hospital. A secondary reaction could occur. A staff member needs to accompany the student to the hospital if the parent is unable to meet the student at the hospital.
3. Call parent/guardian.

- |   |       |  |
|---|-------|--|
| <input type="checkbox"/> <b>CHECK WHEN COMPLETE</b>         | DATE  |  |
| <input type="checkbox"/> Medications available at school    | _____ |  |
| <input type="checkbox"/> Permission slips with instructions | _____ |  |
| <input type="checkbox"/> Medic alert discussed with parent  | _____ |  |
| <input type="checkbox"/> Emergency plan complete            | _____ |  |
| <input type="checkbox"/> Plan circulated to essential staff | _____ |  |
| <input type="checkbox"/> Staff instructed in emergency plan | _____ |  |

**ALWAYS CARRY EPI-PEN ON FIELD TRIPS**

The following staff have received training in the emergency plan and use of Epi-Pen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff instructed in use of Epi-Pen \_\_\_\_\_

Prevention Strategies: Avoid known triggers for Anaphylaxis.

check if applicable.

Animals (list) \_\_\_\_\_

Milk/dairy

Nuts (list) \_\_\_\_\_

Eggs

Insect bites (kinds) \_\_\_\_\_

Perfumed/scented products

Medications (list) \_\_\_\_\_

Seafood

Other \_\_\_\_\_

Plan reviewed with parent:  Yes  No

Copy sent home:  Yes  No

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Health Technician Signature Date

Reviewed and/or updated:

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Health Technician Signature Date

New staff trained:

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anaphylaxis, a life-threatening allergic reaction, requires immediate attention.**

**Symptoms to Watch for:**

- Mild ≡ rash, itching, hives.
- Moderate ≡ breathing difficulty, wheezing.
- Severe (generally called anaphylactic shock) ≡ severe breathing difficulty, vascular collapse (shock), laryngeal swelling, cardiac arrest.

**If Reaction Occurs:**

- Call 911, request a paramedic. Epi-Pen is effective for only 10 to 15 minutes.
- Locate Epi-Pen and review criteria for administration
- Inject epinephrine from Epi-Pen into outer thigh (use opposite side from sting).
- Notify health technician and parents.

**Directions for Using Epi-Pen Auto-Injector**

- Check for color – don't inject if fluid is brown.
- Pull off safety cap. #1
- Place tip on thigh at right angle to leg. #2
- Press hard into thigh.
- Hold in place for 10 seconds.
- Remove and massage area for 10 seconds