



Emergency Health Care Plan ANAPHYLAXIS

STUDENT: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic _____ Yes (High risk for severe reaction) _____ No

Description of Reaction: _____

Symptoms of an allergic reaction include:

- ** Throat: itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- ** Lung: shortness of breath, repetitive coughing, and/or wheezing
- ** Heart: “thready” pulse, “passing out”
- Mouth: itching and swelling of the lips, tongue, or mouth
- Skin: hives, itchy rash, and/or swelling about the face and extremities
- Gut: nausea, abdominal cramps, vomiting, and/or diarrhea

The severity of the symptoms can quickly change.

**** All above symptoms can potentially progress to a life-threatening situation!**

ACTION:

1. If ingestion or contact is suspected,
 - a. For rash or no symptoms, give antihistamine _____;
or _____ and observe closely for worsening symptoms
 - b. For severe symptoms **, use **EpiPen/EpiPen JR** immediately and above medication(s), then **CALL 911**, parent, and page school nurse at: _____

Have someone stay with the child at all times until the paramedics arrive!

Parent	Date	Doctor	Date
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School Nurse	Date	Administrator	Date
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Emergency Contacts

Mother: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician: _____

Father: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician’s Phone: _____