



**ALLERGIC REACTION/
ANAPHYLAXIS CARE PLAN**

STUDENT _____ **DOB:** _____

Total times treated in ER for severe reactions: _____ **Date of last severe reaction:** _____

Specific known allergens that trigger severe reactions:

- Foods (Ingestion only? or Skin/ respiratory contact?): _____
- _____
- Insect Bites/Stings: _____
- Other: _____

Asthmatic: Yes* _____ No _____ **High risk for severe reaction. An asthma care plan form must be completed by a parent and the physician.*

Check specific symptoms that usually occur:

- MOUTH itching & swelling of the lips, tongue, or mouth
- THROAT* itching and/or a sense of tightness in the throat, hoarseness, & cough
- SKIN hives, itchy rash, and/or swelling about the face or extremities
- GUT nausea, abdominal cramps, vomiting, and/or diarrhea
- LUNG* shortness of breath, repetitive coughing, and/or wheezing
- HEART* "thready" pulse, "passing-out"
- *All above symptoms can potentially progress to a life-threatening situation.

MINOR REACTION

- If the only symptoms are: _____

- give this medicine _____ and call parent.
- If symptoms are improved after _____ minutes, return to class.
- If symptoms worsen, see below.

SEVERE REACTION

- For exposure to (for foods, specify ingestion or contact) _____
and/or these symptoms: _____

administer EpiPen immediately, CALL 911, (ask for advanced life support). Only pre-measured doses may be given by ICS personnel. May be repeated after 15 mins. if Twinject is prescribed, symptoms persist and EMS has not arrived. (See medication authorization form completed by parent and physician.)

(adapted from Muñoz-Furlong, PEDIATRICS, June, 2003)

Physician Permission/Signature

Emergency injections may be administered by non-health professionals. These persons are trained by the school to administer the injection. It should be noted that these staff members are not trained observers. They may not be skilled in observing for the development of symptoms before administering the injection.

- I have instructed _____ in the proper use of an EpiPen.
- _____ is able to administer their own EpiPen and may / may not (circle one) self carry

Physician Name Printed: _____ Phone: _____

Physician Signature: _____ Date: _____

Parent/Guardian Permission/Signature

This care plan is appropriate for my child. I agree to release, indemnify, and hold harmless ICS and any of their officers, staff members, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student with their medication providing ICS personnel are following physician instructions as written above. ICS has my permission to contact my child's physician or the physician's designee regarding my child's condition.

Parent/Guardian signature _____ Date _____

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURE

1. Epinephrine may be given in school and during school sponsored activities only with both physician and parent/guardian signed authorization.
2. This form must be on file in the clinic or in an other approved location. The parent or guardian is responsible for obtaining the physician's statement on the form.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing the Care Plan form. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g. ingestions, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by ICS staff.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen or Twinject injection for student who carries his or her own, then the parent must supply school with two EpiPens or Twinjects. An EpiPen must be available at all times in the school office. Expiration date must be clearly indicated.
7. Medication must be hand-delivered to the school clinic by the parent or guardian.
8. A form with your child's specific information pertaining to their allergy is put together at the beginning of the year. A picture of them is taken by the school nurse and put on this form for easy identification by the ICS staff. A copy of this form is kept in a notebook in the school office, PE office, middle school office and lunch room. The form will be sent home to you for review prior to placing it in the notebooks. We have found this helps to better identify the students and their specific allergens, provide a quick access to parent's phone numbers and the physician's orders.
9. A parent is to collect any unused medication within one week after the end of expiration of order or on the last day of school. Medication not claimed within that period shall be destroyed.