**EMERGENCY HEALTHCARE PLAN: ANAPHYLAXIS YEAR\_\_\_\_\_\_\_\_\_\_**

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| **STUDENT** | **DOB** | | **ID#** | |
| Parent/Guardian | (Cell) | (work) | | (Home) |
| Parent/Guardian | (Cell) | (work) | | (Home) |
| Emergency Contact (relationship to student) | (Cell) | (work) | | (Home) |
| Primary Physician | (Phone) | | (Fax) | |

**ALLERGIC TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HISTORY:**

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**MEDICATIONS: School Home**

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| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| It is my professional opinion that this student (circle one) **SHOULD / SHOULD NOT** carry and use his/her Epipen by himself/herself at school.  ❑YES ❑NO I have instructed this student on the proper way to use these medications and he/she has successfully demonstrated the ability to self-administer  LHP Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Epipen kept in: ❑Nurse Office ❑Backpack ❑On Person ❑Coach ❑Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PLAN OF ACTION: Severe allergic reaction of rapid onset which may be life-threatening**

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| **Signs and Symptoms of Anaphylaxis:**   * Tingling / swelling of lips, face, tongue * Itching, wheezing, hives on body * Feeling of apprehension, sweating, weakness * Shallow respirations, chest pain, tightness, difficulty breathing * Low blood pressure with weak, rapid pulse, which can progress * Loss of consciousness, shock, coma   **Steps to Take:**   * **DO NOT LEAVE STUDENT ALONE** – Adult must take student to school clinic immediately or summon nurse to student * Administer **EPI-PEN** per physician’s orders; also may require inhaler or antihistamine * Activate EMS system, activate AED team, call parent. * Monitor vital signs, prepare to provide CPR if needed   **Field Trip Plan:** |

**SIGNATURES: (School personnel have permission to contact physician if needed. Information about medical condition may be shared with pertinent personnel.)**

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| **PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SCHOOL NURSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CAMPUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**