

SEVERE ALLERGIC REACTION
Individualized Health Care Plan

Anaphylaxis is a rare life-threatening allergy to certain substances such as foods, bee stings, chemicals and medications. It occurs rapidly and can close off the breathing passages. If instant treatment does not occur, it can be fatal.

Student: _____ Birthdate: _____ School: _____
Grade: _____ **Specific Allergy:** _____
Allergy History: _____
Parent Name: _____ Phone #'s: _____
Home Work Cell
Physician's Name: _____ Phone #'s: _____

SIGNS OF SEVERE ALLERGIC REACTION (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> hives | <input type="checkbox"/> rapid onset |
| <input type="checkbox"/> itching | <input type="checkbox"/> feelings of apprehension |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> sweating |
| <input type="checkbox"/> swelling around lips, mouth, face or eyes | <input type="checkbox"/> weakness |
| <input type="checkbox"/> stomachache | <input type="checkbox"/> tingling sensation in mouth face or throat |
| <input type="checkbox"/> nausea | <input type="checkbox"/> loss of consciousness |
| <input type="checkbox"/> trouble breathing/wheezing | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> feeling of throat "closing off" | |

PRESCRIBED TREATMENT:

- Benadryl (dose/route) _____
 Epipen (0.3mg) Epipen Jr. (0.15mg)
 Other _____

EPI-PEN:

- EPI-PEN must be readily accessible at all times: with student in classroom in school office
- Expiration Date: _____
- Designated trained staff 1. _____
2. _____
3. _____

EPI-PEN INSTRUCTIONS:

1. Pull off gray safety cap on EPI-PEN.
2. Place black tip on thigh, at right angle to leg (may be administered through clothing).
3. Press hard into thigh until you hear click; hold firmly in place for 10 seconds.
4. Remove EPI-PEN from thigh.
5. Massage area for 10 seconds.
6. Call 911 immediately: notify operator that EPI-PEN has been applied.
7. Be prepared to initiate CPR if breathing stops.
8. Stay with student. Reassure student. Position in the most comfortable position for breathing.
9. Give paramedics copy of the emergency card and care plan.
10. Give injector to parent or nurse for disposal.

IF AT ANY TIME BREATHING STOPS, INITIATE BASIC LIFE SUPPORT:

1. If no breathing, but pulse is present, do Rescue Breathing (1 breath every 3 seconds).
2. If no breathing and no pulse, begin CPR: cycles of 2 breaths to 15 compressions for 1 or 2 persons at a rate of 100 compressions per minute; compression depth is 1 to 1.5 inches.

SIGNATURES

Physician's Signature/Date

Parent Signature/Date

District Nurse Signature/Date