

**Epi - Pen
Emergency Health Care Plan**

Allergy To: _____

Student's Name: _____ **Date of Birth:** _____

Asthmatic: **YES** **NO**

**** Signs of an Allergic Reaction****

<u>Systems</u>	<u>Symptoms</u>
Mouth	Itching and swelling of the lips, tongue, or mouth
Throat*	Itching and/or a sense of tightness in throat, hoarseness, and hacking cough
Lungs*	Shortness of breath, repetitive coughing, and/or wheezing
Skin	Possible hives, rash, and/or swelling of face or Extremities
Heart*	thready / rapid pulse
Stomach	Nausea, vomiting, abdominal cramps, and/or diarrhea

The severity of symptoms can change quickly
*** These can possible become a life-threatening situation***

**** Action for Minor Reactions****

If only Symptoms are: _____, give _____
Medication / Dose / Route

Then call

1. Parent / Guardian: at _____ or emergency contacts
2. Physician: _____ at _____

If conditions do not improve within _____, the follow steps below.

**** Action for a Major Reaction** - DO NOT HESITATE TO CALL 911**

If suspected Symptoms are: _____

Give _____ **IMMEDIATELY**
Medication / Dose / Route

Then call

1. Ambulance – ask for advance life support
2. Parent / Guardian at: _____
3. Physician: _____ at _____

Parent's Signature

Date

Physician's Signature

Date

**Epi – Pen
Emergency Health Care Plan**

Emergency Contacts

1. _____

Relation _____ Phone: _____

2. _____

Relation _____ Phone: _____

3. _____

Relation _____ Phone: _____

Trained Staff Members

1. _____

2. _____

3. _____

Epi – Pen Directions:

- 1. Pull off grey safety cap**
- 2. Place Black tip on outer thigh (always apply to thigh only)**
- 3. Using a quick stabbing motion, press and hold hard into thigh until Auto – Inject mechanism functions. Hold in place for 10 seconds. Remove and give to rescue team when they arrive (be cautious of needle). Massage injected area for 10 seconds in a circular motion**