

# Dunlap Community Unit School District #323

Dates Updated:

CONFIDENTIAL

## ALLERGY CARE PLAN - PAGE 1

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Attending School: \_\_\_\_\_  
Grade: \_\_\_\_\_ DOR: Dunlap Unit SD 323

Allergen causing reaction (i.e.: food, insect sting/bite, latex, etc. **BE SPECIFIC** to what food, type of insect)

Contact Information (see attached **Emergency Information Sheet**):

Physician Treating Asthma: \_\_\_\_\_ Ph#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Ph#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
Hospital Choice (please check one):  OSF St. Francis  UnityPoint Health - Methodist  Proctor Hospital  
 Pekin Hospital

### DAILY MANAGEMENT PLAN

- \* Student wears 'Medic Alert' bracelet:  Yes  No
- \* Age when allergy discovered: \_\_\_\_\_
- \* Student has required Emergency Room Treatment for allergy:  Yes  No
- \* Student typically exhibits the following reaction: \_\_\_\_\_
- \* Date of last exposure to allergen: \_\_\_\_\_

Allergen Medication(s) (a medication authorization form must be completed for in-school medications):

Student has Epi-Pen ordered:  Yes  No Where is Epi-Pen kept? \_\_\_\_\_  
Drug Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Given: \_\_\_\_\_  
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Comments/Special Instructions:

### Field Trips:

Teacher will take **Allergy Care Plan** and any equipment/medication needed on field trips along with the student's **Emergency Information Sheet**.

### EMERGENCY TREATMENT PLAN

#### 1. Recognize signs of an anaphylactic reaction:

- |                                   |                         |                            |                    |
|-----------------------------------|-------------------------|----------------------------|--------------------|
| * Difficulty breathing/swallowing | * Wheezing respirations | * Decreased blood pressure | * Abdominal cramps |
| * Increased heart rate            | * Flushing              | * Vomiting                 | * Dizziness        |
| * Cool/clammy skin                | * Tongue swelling       | * Incontinence             | * Fainting         |
| * Confusion                       | * Diarrhea              | * Apprehension             | * Seizures         |
| * Repetitive coughing             | * Hives                 |                            |                    |

2. Student has Epi-Pen ordered:  Yes  No

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Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Year: \_\_\_\_\_

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**EMERGENCY TREATMENT PLAN (Continued)**

**3. Administer Epinephrine, if ordered by physician and CALL 911 IMMEDIATELY.**

- \* Check to make sure solution in auto-injector is not discolored.
- \* Remove safety cap from top of tube, place tip at the base of the pen on outer thigh area.
- \* Push firmly on the end of the plunger until you hear or feel injection function, hold in place for 10 seconds. It can be administered through the clothes if needed.
- \* Auto-Injector will dispense appropriate dosage of medication. Medication may be left in the tube.
- \* Document time of injection on Epinephrine box if available. If box is not available, write time given and dose on paper.
- \* \_\_\_\_\_ Save the box or paper and give to EMS so they know time and amount of medication given.

**4. Call parent/guardian or emergency contact.**

**5. In case of Bee Sting Allergy: Remove stinger if obvious. It should be removed by scraping the sting away from the point of entrance using a hard, flat object (i.e. credit card). DO NOT grasp any portion of the venom sack, for it will inject more venom. Apply ice pack to site to slow down absorption of venom.**

**6. Keep child quiet and comfortable in upright position until EMS arrives. For a severe reaction, consider keeping child lying on back with legs raised.**

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1. As parent/guardian of \_\_\_\_\_ I give permission for this plan to be available for use in my child's school, and for the school nurse to contact the above named physician by phone, fax, or in writing when necessary to complete this plan.
2. It is understood by parents and physician that this plan may be carried out by school personnel other than the school nurse. The school's registered nurse is responsible for the delegation of this plan to unlicensed school personnel when appropriate.
3. This plan will be reviewed annually and/or whenever the health status or medications change and **it is the responsibility of the parent to notify school nurse of these changes.**

Physician Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

Date: \_\_\_\_\_

Homeroom Teacher Signature \_\_\_\_\_

Date: \_\_\_\_\_

School Staff Signatures \_\_\_\_\_

School Staff Signatures \_\_\_\_\_

## Allergy Care Plan - Page 3

Student's Name:

Date of Birth:

School Year:

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### REACTIONS TO BEE STINGS FALL INTO TWO MAJOR CATEGORIES:

#### Local Reactions:

This type of reaction indicates that the body's immune mechanism is effectively defending against the insect venom and thereby preventing the entire body from reacting adversely. Examples of a local reaction include: a small, red, painful, swollen area that becomes normal in 10-15 minutes; a sting on the forehead that causes both eyes to swell; a sting on the hand or foot, causing equal duration of pain, but with the entire hand or foot remaining swollen for several days.

#### Generalized Reactions:

This type of reaction occurs in a part of the body far removed from the bite. Examples are swelling of the lips and/or eyelids from a bite on the hand; a rash all over the body from a single sting anywhere; or swelling of the hands from a bite on the leg. Reactions of this nature can be dangerous because they indicate that the body has a weak immune mechanism against insect venom and signal the possibility of an increasingly severe reaction to subsequent stings. Life-threatening reactions include swelling of the larynx leading to obstruction of the airway and anaphylactic shock.