


## General Severe Allergy and Anaphylaxis *Emergency Care Plan*

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Severe Allergy to : \_\_\_\_\_

Give Epinephrine immediately if exposed.

**Asthma:**  Yes (increased risk for severe reaction)  No

Severe Symptoms		Medications Order/ Dosage
<p><b>AIRWAY:</b> Sudden Shortness of Breath, Wheezing, Swelling of Tongue, Lips, and Throat, Difficulty Swallowing, Change in Voice, Tightness in Chest, Metallic Taste</p> <p><b>SKIN:</b> Widespread Flushing, Redness Warmth, Widespread Hives, Widespread Swelling and Itchiness</p> <p><b>HEART:</b> Rapid weak pulse, Palpitations</p> <p><b>GI:</b> Nausea, Vomiting, Cramping (when combined with other symptoms)</p> <p><b>MENTAL STATUS:</b> Fear or Apprehension, Agitation, Feeling of Impending Doom</p> <p><b>Other:</b> May Collapse or Lose Consciousness</p> <p>(May have any of the above symptoms)</p>		<p>Epi Auto Injector _____</p> <p>Dose:    <input type="checkbox"/> 0.15mg IM            <input type="checkbox"/> 0.3mg IM</p> <p style="text-align: center;"><b>Inject Epinephrine Immediately-Do not Delay-Call 911</b></p> <p>Note: Do not depend on antihistamines or inhalers to treat a severe reaction. Give Epinephrine-Do not Delay. Call 911. Follow with Antihistamine and Inhaler if ordered.</p> <p>Antihistamine _____</p> <p>Dose/Route _____</p> <p>Other (e.g. bronchodilator if asthmatic) _____</p> <p>_____</p>

- **Call 911.** Emergency Medical Services (EMS) must always be called if Epi is administered. Notify Parents and School Nurse if not already present.
- Stay with and monitor the individual until EMS arrives. Start CPR if necessary.
- Provide EMS with the auto-injector, labeled with date and time given to take to hospital with the patient. Follow up with School Nurse and Administrator after the individual has been transferred.

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE