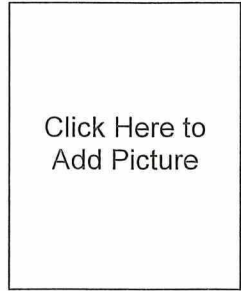


# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name: \_\_\_\_\_  
 Health Concern: **ALLERGY -**  
 Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Ext: \_\_\_\_\_



Asthmatic:  Yes\*  No \* Higher risk for severe reaction

## STEP 1: TREATMENT

### Symptoms

- If a food allergen has been ingested, but no symptoms:  N/A
- MOUTH Itching, tingling, or swelling of the lips, tongue, mouth
- SKIN Hives, itchy rash, swelling of the face or extremities
- GUT Nausea, abdominal cramps, vomiting, diarrhea
- THROAT<sup>†</sup> Tightening of throat, hoarseness, hacking cough
- LUNG<sup>†</sup> Shortness of breath, repetitive coughing, wheezing
- HEART<sup>†</sup> Thready pulse, low blood pressure, fainting, pale, blueness
- OTHER<sup>†</sup> \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give: \_\_\_\_\_

### Give Checked Medication: (determined by doctor authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

<sup>†</sup> Potentially life-threatening. The severity of symptoms can quickly change.

**DOSAGE**

**Epinephrine:** Inject intramuscularly (check one)  Adrenaclick  Auvi-Q  EpiPen  EpiPen Jr.

**Antihistamine:** \_\_\_\_\_  
medication / dose / route

**Other:** \_\_\_\_\_  
medication / dose / route

## STEP 2: EMERGENCY CALLS

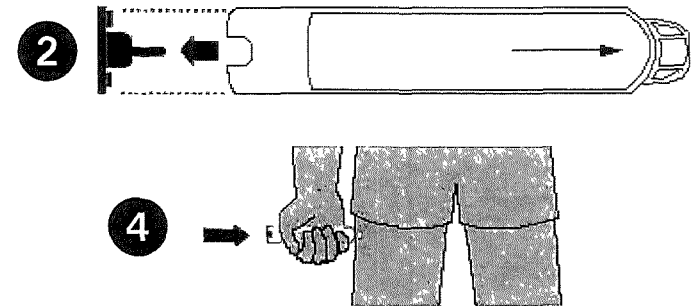
- ① Call 9-911 from a landline
- ② Call doctor \_\_\_\_\_  
Name of doctor Phone Fax
- ③ Call \_\_\_\_\_  
Name Relationship Phone #1 Phone #2
- \_\_\_\_\_ Name Relationship Phone #1 Phone #2

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_ Doctor Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

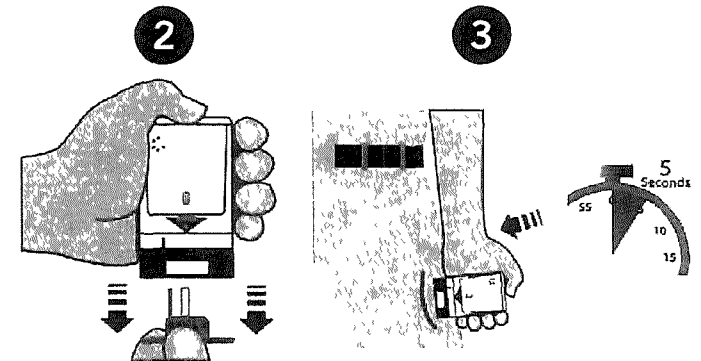
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

