

Health Services

Food Allergy Emergency Care Plan (ECP)
Student with Anaphylaxis

School _____

Student _____ ID # _____ Grade/Section _____ Date Initiated _____

Allergic to: _____ D.O.B.: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

If the student has breathing difficulty that cannot be relieved: CALL 911

Description: (written by nurse specific to student).

Example: Student has _____ (diagnoses). Most reactive to the following items: _____. Symptoms are _____ (describe). Symptoms are relieved by _____ but could progress to _____ (situation). What other actions should be taken?

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____


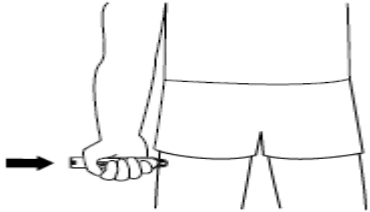



Other (e.g., inhaler-bronchodilator if asthmatic): _____

IF YOU SEE THIS	DO THIS
<p>Any Severe Symptoms after suspected or known ingestion:</p> <p>One or more of the following:</p> <p>LUNG: Short of breath, wheeze, repetitive cough</p> <p>HEART: Pale, blue, faint, weak pulse, dizzy, confused</p> <p>THROAT: Tight, hoarse, trouble breathing/swallowing</p> <p>MOUTH: Obstructive swelling (tongue and/or lips)</p> <p>SKIN: Many hives over body</p> <p>Or combination of symptoms from different body area:</p> <p>SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)</p> <p>GI: Vomiting, diarrhea, abdominal pain</p>	<ul style="list-style-type: none"> • Remain Calm • Inject Epinephrine immediately as directed • Call 911 • Begin monitoring • Give additional medications as directed <p>Antihistamine Inhaler (bronchodilator) if asthma (Antihistamines and inhalers/bronchodilators are not to be depended upon to treat a severe reaction such as anaphylaxis). USE EPINEPHRINE.</p>
<p>Mild Symptoms Only:</p> <p>MOUTH: Itchy mouth</p> <p>SKIN: A few hives around mouth/face, mild itch</p> <p>GI: Mild nausea/discomfort</p>	<ul style="list-style-type: none"> • Give antihistamine • Stay with student; alert school nurse and parent • If symptoms progress (see above), USE EPINEPHRINE as directed • Begin monitoring

Monitoring

Stay with student; alert healthcare professionals and parent. Request an ambulance with epinephrine and tell EMS what was given. Note time when epinephrine was administered. A second dose of epinephrine can be given in 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Nurse name _____ Signature _____ Date _____

<p style="text-align: center;">EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</p> <ul style="list-style-type: none"> First, remove the EPIPEN Auto-Injector from the plastic carrying case Pull off the blue safety release cap  <ul style="list-style-type: none"> Hold orange tip near outer thigh (always apply to thigh)  <ul style="list-style-type: none"> Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 3 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds  <p><small>DEY* and the Dey logo, EpiPen*, EpiPen 2-Pak*, and EpiPen Jr 2-Pak* are registered trademarks of Dey Pharma, L.P.</small></p>	<p style="text-align: center;">Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions</p>  <p>Remove GREY caps labeled "1" and "2."</p>  <p>Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</p> <p>A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.</p> <p>A kit must accompany the student if he/she is off school grounds (i.e., field trip).</p>
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Contacts (When and who to contact?)

Call 911

Parent/Guardian: _____

Phone: (____) ____ - ____

Doctor: _____

Phone: (____) ____ - ____

Other Emergency Contacts (When and who to contact?)

Name/Relationship: _____

Phone: (____) ____ - ____

Name/Relationship: _____

Phone: (____) ____ - ____