

**ORANGE COUNTY SCHOOLS - EMERGENCY ACTION PLAN**

Date \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Student Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please review the action plan below, sign your name, and return the form to the school nurse's office. Feel free to make changes. **The plan outlined below is the one that we will use unless we hear from you.**

**Action Plan**

Medical Diagnosis: **Allergic Reaction to:** \_\_\_\_\_

Persons Authorized to Administer Treatment: \_\_\_\_\_ School Nurse, First Responder, Teacher, Coach

Symptom(s)	Action(s)
<ul style="list-style-type: none"> <li>• Sudden onset of shortness of breath</li> <li>• Wheezing</li> <li>• Swelling in the throat and/or painful constriction of chest with difficulty breathing</li> <li>• Hives, red itchy blotches over skin</li> <li>• Feeling the itching inside</li> <li>• Flushed skin</li> <li>• Watery/itchy eyes, runny nose</li> <li>• Rapid pulse</li> <li>• Fear, anxiety or restlessness</li> <li>• Nausea or abdominal cramps</li> <li>• Dizziness, weakness</li> <li>• Localized pain and itching at site of sting</li> </ul>	<ol style="list-style-type: none"> <li>1. Have student use their Epi-Pen as prescribed and as provided by the parent/guardian.</li> <li>2. <u>Accompany</u> student to the health office or main office <b>IMMEDIATELY</b> <b>OR</b> call school office/health staff to come to student.</li> <li>3. Contact parent/guardian immediately for pick-up or further instruction.</li> <li>4. If stung, remove stinger, apply cool compress, &amp; elevate site.</li> <li>5. Stay with student <u>continuously</u> to monitor breathing. Speak calmly and reassuringly. Keep child sitting up.</li> <li>6. If no symptoms after 20 min., student may return to class with parent/guardian permission.</li> </ol>
Emergency Symptom(s)	Emergency Action(s)
<ul style="list-style-type: none"> <li>• Respiratory distress; <u>note</u>: any change in respirations should be treated as life-threatening</li> <li>• Increased swelling, hives, difficulty swallowing</li> <li>• Vomiting, diarrhea (could contain blood)</li> <li>• Loss of color around lips, bluish skin discoloration</li> <li>• Chest (substernal) retractions</li> <li>• Weak, rapid &amp; irregular pulse, low blood pressure</li> <li>• Confusion, unconsciousness, seizures, coma</li> </ul>	<ol style="list-style-type: none"> <li>1. Monitor breathing and begin rescue breathing as necessary.</li> <li>2. <b>Call 911. Transport to the nearest ER.</b></li> <li>3. Place student on their back and elevate legs if they start having signs of shock (<i>weak/rapid pulse, low BP, vomiting, excessive thirst, ashen color, hyperventilation, confusion, irritability, seizures...</i>)</li> <li>4. Contact parent/guardian.</li> </ol>

**Any changes needed or additional instructions/information?** \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

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