

Fox Chapel Area School District
Individualized Health Care Plan - Allergy and Anaphylaxis

Student Information

Child's Name: _____

Date of Plan: _____

Date of Birth: _____

Age: _____

Weight: _____

Child has allergy to: _____

Medical History

Child has asthma: ☐ Yes ☐ No

Child has had anaphylaxis: ☐ Yes ☐ No

Child may carry medicine: ☐ Yes ☐ No

Child may self-administer medicine: ☐ Yes ☐ No

Severe Allergy and Anaphylaxis

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

If severe symptoms occur after eating food or having a sting,

- Give epinephrine immediately. Note the time it was given.
- Call 911. Ask for an ambulance with epinephrine and tell the rescue squad when it was administered.
- Stay with the child. Notify the parent/guardian and the child's doctor. Give a second dose of epinephrine if symptoms worsen, persist, or do not improve within 5 minutes. Keep the child lying on their back. If the child vomits or has trouble breathing, keep the child lying on their side.
- Give any other medication (antihistamine or inhaler/bronchodilator), if prescribed. Do not use other medicine in place of epinephrine.

Signs

- Shortness of breath, wheezing, or coughing
- Blue/pale skin

- Weak pulse
- Fainting/dizziness
- Tight or hoarse throat
- Trouble breathing/swallowing
- Swollen lips/tongue
- Severe vomiting/diarrhea
- Many hives
- Confusion or altered consciousness

Special Situation

☐ If this box is checked, the child has an extremely severe allergy to an insect sting or the following food(s) _____. Even if the child has mild symptoms after a sting or eating these foods, **give epinephrine**.

Mild Reaction

If the child has had any mild symptoms, **monitor child**.

- Stay with child and watch them closely
- Give antihistamine (if prescribed)
- Call parents/guardians and child's doctor
- If more than one symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine.

Signs

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Medications/Doses

Epinephrine options: ☐ Intramuscular 0.10 mg (16.5-less than 28 pounds) ☐ Intramuscular 0.15 mg (28-less than 55 pounds) ☐ Intramuscular 0.30 mg (55 pounds or more) ☐ Intranasal 1 mg (33 pounds to less than 66 pounds) ☐ Intranasal 2 mg (66 pounds or more)

Antihistamine (non-sedating preferred), by mouth (type and dose): _____

Other medication (for example, inhaler/bronchodilator if child has asthma):

Authorizations

Parent/Guardian Signature: _____

Date: _____

Physician/HCP Signature: _____

Date: _____

Emergency Contacts

Call 911/Rescue Squad: _____

Doctor: _____

Doctor Phone: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

Emergency Contact 1 (Name/Relationship): _____

Phone: _____

Emergency Contact 2 (Name/Relationship): _____

Phone: _____

Additional Instructions
