



EMERGENCY CARE PLAN LATEX - ALLERGY

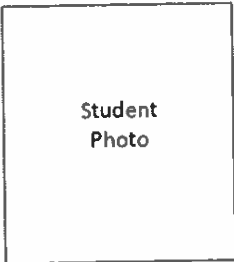


Student: _____ Grade: _____ School Contact: _____ DOB: _____
 Mother: _____ M Home #: _____ M Work #: _____ M Cell #: _____
 Father: _____ F Home #: _____ F Work #: _____ F Cell #: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth "feels hot"
- **THROAT** Itching, tightness in throat, tightness in chest
- **SKIN** Hives, warmth, itchy rash, generalized swelling
- **STOMACH** Nausea, abdominal cramps, vomiting, and /or diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out"

**The severity of symptoms can change quickly –
it is important that treatment is give immediately.**

**STAFF MEMBERS INSTRUCTED:**

- Classroom Teacher(s) Special Area Teacher(s)
 Administration Support Staff Transportation Staff

TREATMENT:

Rinse contact area with water.

Benadryl ordered: Yes No Give _____ Benadryl per provider's order

Call school nurse at _____. Call parent/guardian if off school grounds.

Epinephrine ordered: Yes No Special instructions: _____

**IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING ARE SEEN AT THE SITE AND
EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus
 Special instructions: _____

Healthcare Provider: _____ Phone: _____
 Written by: _____ Date: _____

- Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.