



Allergy Health Care Plan

Place Child's
Picture Here

NEVER SEND STUDENT WITH SUSPECTED ALLERGIC REACTION ANYWHERE, ALONE!

Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Type of allergy transmission: ☐ Ingestion ☐ Contact ☐ Inhale

Asthmatic: Yes* ☐ No ☐ *If yes, HIGH RISK for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:

- **MOUTH** Itching & swelling of the lips, tongue, or mouth
- **THROAT*** Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- **SKIN** Hives, itchy rash, and/or swelling about the face or extremities
- **GUT** Nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG*** Shortness of breath, repetitive coughing, and/or wheezing
- **HEART*** "thready" pulse, "passing-out"

Symptoms:

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

****Do not depend on Antihistamines or Inhalers to treat severe reaction, USE Epinephrine****

ACTION FOR MILD REACTION

1. If **only symptom(s)** are _____
_____, give (medication/dose/route) _____

Then call:

2. Mother: _____ Father: _____ Emergency Contacts:
3. School Nurse (See next page)

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR SEVERE REACTION

1. If **ingestion is suspected and/or symptoms(s)** are: _____

Give (medication/dose/route) _____ **IMMEDIATELY!**

Then call:

2. 911 (Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.)

3. Mother: _____ Father: _____ Emergency Contacts:
4. Doctor: _____ at _____ (See next page)

5. School Principal and School Nurse

DO NOT HESITATE TO CALL RESCUE SQUAD!


Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____


| EMERGENCY CONTACTS | TRAINED STAFF MEMBERS |
|----------------------|-----------------------|
| 1. | 1. Room: |
| Relationship: Phone: | |
| 2. | 2. Room: |
| Relationship: Phone: | |
| 3. | 3. Room: |
| Relationship: Phone: | |

FOR ANY OF THE FOLLOWING:


SEVERE SYMPTOMS




LUNG
Shortness of breath, wheezing, repetitive cough




HEART
Pale or bluish skin, faintness, weak pulse, dizziness




THROAT
Tight or hoarse throat, trouble breathing or swallowing




MOUTH
Significant swelling of the tongue or lips



SKIN
Many hives over body, widespread redness



GUT
Repetitive vomiting, severe diarrhea




OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.


↓ ↓ ↓

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.


MILD SYMPTOMS




NOSE
Itchy or runny nose, sneezing



MOUTH
Itchy mouth



SKIN
A few hives, mild itch



GUT
Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.