

## EMERGENCY HEALTH CARE PLAN - EPI 3

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

Allergy to \_\_\_\_\_

Trained Delegate \_\_\_\_\_

School Nurse \_\_\_\_\_

**SIGNS OF ALLERGIC REACTION INCLUDE:**

<b>Systems</b>	<b>Symptoms</b>
Mouth	itching and 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
Gastrointestinal	nausea, abdominal cramps, vomiting, diarrhea
Respiratory*	shortness of breath, repetitive coughing, and/or wheezing
Cardiovascular*	'thready' pulse, passing out

Specific symptoms for this student may include: \_\_\_\_\_

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

**ACTION:**

- If ingestion is suspected
- If stung by bee
- Experienced other life threatening allergy
  - Benadryl \_\_\_\_mg \_\_\_\_\_ (administered by *nurse* only)
  - Inject: \_\_\_\_ Epi Pen \_\_\_\_ Epi-Pen Jr. \*\*
  - Call 911
  - Call: \_\_\_\_ Mother(\_\_\_\_\_) Father(\_\_\_\_\_) or \_\_\_\_ emergency contact
  - Call: Dr. \_\_\_\_\_ at \_\_\_\_\_
  - Continue to monitor student for absent breathing/pulse until EMT arrives.
  - Initiate CPR if pulse and/or breathing absent
  - Offer reassurance to student, as appropriate

**\*\* Give used epi-pen to EMT**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

