# **Dietrich School District No. 314**

3515F STUDENTS

# **Emergency Care Plan**

Name:	Insert Student's Picture
Date of Birth:	
School:	
Grade:	
Known Allergies:	
Asthmatic? Yes:* No:	
*Higher risk for severe reaction	

#### STEP 1: TREATMENT

NOTE: Different symptoms may occur with any reaction and the severity of symptoms can change rapidly. Delay in treatment can be fatal. A high level of vigilance must be maintained for any symptoms exhibited by a student with food allergies. **Act quickly!** 

### **Symptoms**

Select the medication to be given in each circumstance (To be determined by physician		
authorizing treatment).		
Food allergen has been ingested, but no symptoms:	Epinephrine:	Antihistamine:
MOUTH: Itchy, tingling, or swelling of lips, tongue, mouth	Epinephrine:	Antihistamine:
SKIN: Hives, itchy rash, swelling of the face or extremities	Epinephrine:	Antihistamine:
GUT: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine:	Antihistamine:
THROAT: Tightening of throat, hoarseness, hacking cough	Epinephrine:	Antihistamine:
LUNG: Shortness of breath, repetitive coughing, wheezing	Epinephrine:	Antihistamine:
HEART: Thready pulse, low blood pressure, fainting, pale, blue	Epinephrine:	Antihistamine:
OTHER:	Epinephrine:	Antihistamine:
If more		

## **Dosage (to be determined by physician authorizing treatment)**

<b>Epinephrine:</b> (circle one) EpiPen EpiPer Inject intramuscularly (see following pa	
Antihistamine:	
(medi	cation/dose/route)
Other:	
(medi	cation/dose/route)
Important: Asthma inhalers and antihist epinephrine in anaphylaxis.	tamines cannot be depended on to replace
STEP 2: E	MERGENCY CALLS
Important: Even if a parent or gumedicate or take the child to a me	edical facility.
needed. Send someone to meet the eme	has been treated and additional epinephrine may be regency services personnel at the school entrance and the student will need to be transported to the hospital
2. Notify the school nurse and school princ make the rest of the emergency calls.	ipal. Normally the administrator or their designee will
3. Dr	Phone Number:
4. Parent:	Phone Number:
Parent:	Phone Number:
5. Emergency Contacts:	
Name/Relationship:	
Phone Number(s):	
Name/Relationship:	
Phone Number(s):	
Parent/Guardian Signature:	Date:
Doctor's Signature:	Date:

### **Epinephrine Directions**

The following staff members have been trained to use the epinephrine auto-injectors:

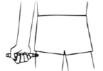
	TRAINED STAFF MEMBERS
1	Room
2	Room
3	Room

#### EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



 Hold black tip near outer thigh (always apply to thigh).



 Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- · Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after
10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.





Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.