

EMERGENCY HEALTH CARE PLAN - EPI 3

Student's Name _____ DOB _____ Teacher _____

Allergy to _____

Trained Delegate _____

School Nurse _____

SIGNS OF ALLERGIC REACTION INCLUDE:

Systems	Symptoms
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
 - 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