

**Emergency Care Plan**  
**Anaphylaxis: Severe Allergic Reaction**

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ FAX No. \_\_\_\_\_

Pupils Name: \_\_\_\_\_ Physicians Name: \_\_\_\_\_

ID No. \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ FAX: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Parents**

Mother: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent Designee: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**Medication Condition:** Severe Allergic reaction to \_\_\_\_\_

**Location of medication and other supplies:** \_\_\_\_\_

Persons authorized to administer treatment: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Nurse Designee: \_\_\_\_\_

**Signs of emergency:** Hives, itching, swelling, difficulty breathing, cyanosis, hypotension, shock

**Treatment for Severe allergic Reaction**

1. Administer epinephrine injection or assist student with self-administration
2. Call 911, informing emergency personnel that student has severe allergic reaction and that epinephrine has been given.
3. Call parent or Parent designee
- \*4. Call student's physician to inform of emergency situation
5. Record administration or self-administration of medication in student's health record (include date, time, source of exposure treatment, if EMS was called, and signature).
6. Emergency personnel are to transport to \_\_\_\_\_ or nearest emergency department.