ANAPHYLAXIS – Plan of Care 518-1

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher: _____ Student Photo

Student's Approximate Weight: _____

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATIVE PHONE
1.			
2.			
3.			

EMERGENCY PROCEDURES

This student has a life-threatening allergy to:

❒ Peanuts ❒ Tree Nuts ❒ Eggs ❒ Milk ❒ Insect Stings ❒ Latex ❒ Medication

❒ Other:_____

❒ This student also has an Asthma Plan of Care.

Location of EpiPen: _____ Dosage of EpiPen: ❒ .15mg ❒ .30mg

Expiry Date of EpiPen: _____

A person having an anaphylactic reaction might have ANY of these signs and symptoms.

- Respiratory (Breathing), wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest paint/tightness, nasal congestion or hay fever-like symptoms (running itchy nose and watery eyes, sneezing), trouble swallowing.
- Cardiovascular (heart), pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock.
- Gastrointestinal (stomach), nausea, pain/cramps, vomiting, diarrhea
- Skin, hives, swelling, itching, warmth, redness, rash.
- Other, anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste.

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

Ensure that an adult remains with the student at all times.

1. Administer EpiPen at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
2. Call 911. Advise that it is a life-threatening allergic reaction and request an ambulance.
3. Call contact person.
4. Go to nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).

Note: A second EpiPen may be administered 10 to 15 minutes **or sooner IF** the reaction continues or worsens.

STUDENT SPECIFIC ROUTINES AND AVOIDANCE MEASURES

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergens(s): eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided: _____

Safety Measures: _____

Designated eating area inside school building: _____

Insect Stings: _____

Safety Measures: _____

Other information: _____

_____

HEALTH CARE PROVIDER INFORMATION

I hereby agree with the diagnosis of this student, the medication, and the plan above.

_____ _____ _____

Health Care Provider (Please print) Signature Date

If medication (other than an epinephrine auto injector) is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies and possible side effects. This information may remain on file if there are no changes to the student's medical condition.

_____

AUTHORIZATION / PLAN REVIEW

I hereby authorize any adult to administer an EpiPen (or other form of auto-injector) to the above-named student in the event of a suspected anaphylactic reaction, and authorize any adult to follow the life-threatening management and prevention plan as outlined above, or for other medical concerns, follow the above plan.

This Plan remains in effect for the 20___ - 20___ school year. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the Plan of Care during the school year.)

Parent(s)/Guardian(s)/Student (if age 18+)

_____ _____

Signature Date

_____ *(Parent Initial) I authorize the sharing of this plan with principals, teachers, support staff, volunteers, bus operators and drivers, and other adults as appropriate, which may include the posting in designated locations.*

_____ *(Parent Initial) I authorize the sharing of signs and symptoms of this medical condition with other students.*

Authorization for the collection of this information is in the Education Act. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation. The original form and all copies will be retained and securely destroyed in accordance with the board's Records Management Manual and Policy 316. Contact person concerning this collection is the school principal.