



# EMERGENCY HEALTH CARE PLAN FOR STUDENTS WITH EPI-PENS

Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergy to: \_\_\_\_\_ List symptoms of previous reactions: \_\_\_\_\_

In consultation with your medical provider, check the appropriate box:

- Administer Epi-pen when any of the signs & symptoms to an allergic reaction mentioned below occur.
- Administer Epi-Pen immediately if exposed to allergen(s).

### Signs of an 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

Gut

nausea, abdominal cramps, vomiting, and/or diarrhea

Lung\*

shortness of breath, repetitive coughing, and/or wheezing

Heart\*

“thready” pulse, “passing-out”

\* High risk for severe reaction with individuals who have asthma.

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

**911 will always be called if an EpiPen is administered.**

### If reaction occurs:

1. Student will be accompanied to the office, if able.
2. The school secretary, teacher or principal will care for the student.
3. 911 will be called prior to or simultaneously with call to parent.
4. The student should be medically evaluated and monitored following EpiPen administration. Transportation will be via ambulance, unless deemed safe by EMT/Paramedic for parent to transport child for medical evaluation.
5. School staff will document time and site of medication administration.

The useful effects of an EpiPen last approximately 15 minutes. EpiPen is designed to be used as emergency supportive therapy until the student can be evaluated at a medical facility.

In addition, the teacher will be responsible for taking the EpiPen along on field trips. **Parents/guardians will make after school directors/coaches, etc. aware of allergies and potential allergic reactions.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_