

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

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Mother's Work: \_\_\_\_\_

Parent Designee: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

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

Medical Diagnosis: \_\_\_\_\_

Location of medication and other supplies:

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

**Treatment for Severe Allergic Reaction:**

1. Administer Benadryl as ordered.
2. If symptoms don't improve administer EpiPen injection or assist student with self-administration.
3. Call 911, informing emergency personal that student has severe allergic reaction to \_\_\_\_\_ and that EpiPen injection has been given.
4. Call parent or parent designee.
5. Call student's physician to inform of emergency situation.
6. 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).
7. Emergency personal are to transport to \_\_\_\_\_ or nearest emergency department.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_

Date: \_\_\_\_\_