

STUDENT NAME: _____
 ADDRESS: _____
 PARENT: _____
 PH #: _____ ALT PH #: _____

DOCTOR: _____
 PH #: _____ FAX: _____
 DOB: _____

GRADE: _____ TEACHER: _____
 ALLERGIES: _____

ADDITIONAL HEALTH CONCERNS/MEDICAL DX: _____ Student has Asthma EAP

1. EMG. CONTACT: _____ PH #: _____ ALT PH #: _____
 2. EMG. CONTACT: _____ PH #: _____ ALT PH #: _____

Describe "typical" warning symptoms for this student:

- No information available. Monitor for any symptoms described below:
- More student specific information about plan of care provided on page 2.

Warning Symptoms

Any of these symptoms can potentially progress to a life-threatening situation!

- Chest or throat tightness
- Hoarseness
- Tingling sensation in mouth, face or throat
- Hives
- Feelings of apprehension – sense of doom
- Difficulty breathing
- Wheezing
- Worsening cough
- Dizziness
- Vomiting, diarrhea, or abdominal cramps
- Swelling of eyes, face or tongue; difficulty swallowing

Emergency Care

- 1) Do not leave student alone.
- 2) Call MERT and 9-1-1
- 3) Provide treatment as prescribed by doctor:
 - Give medication _____ stored in _____
 - Give medication _____ stored in _____
 - Follow Epinephrine Emergency Protocol
- 4) Call School Nurse (_____) and parent
- 5) If breathing stops, provide CPR
- 6) Give EpiPen to the EMS after use.
- 7) Complete an Accident/Incident Report if 9-1-1 is called.



Transportation and Field Trips

_____ need to accompany on field trip

During field trips provide care as described EXCEPT:

School Nurse _____ Cell/Pager _____ Phone _____
 Back up Nurse _____ Cell/Pager _____ Phone _____

Student Name _____

Birthdate _____

Anaphylaxis is a rare, life - threatening allergy to certain substances such as foods, bee stings, latex, chemicals and medications. It occurs rapidly and can close off the breathing passages. If instant treatment does not occur, it can be fatal.

1. Follow Life Threatening Allergies (Anaphylaxis) Management Plan from the doctor.
 - Life Threatening Allergies (Anaphylaxis) Management plan is available and attached:
 - Medication/Treatment order is available and attached:
 - **Emergency medications must be readily accessible and available at all times!**
 - Treatment Schedule at School:

2. Student's history of allergy/anaphylaxis:

3. Other Considerations

4. Avoid triggering stimuli if possible. Triggering Stimuli for this student include:

5. Present Level of Functioning:

Student is:

- able to identify and avoid triggers:
- able to recognize and communicate early warning signs:
- able to self administer EpiPen when needed:

6. Goals:

Nurse Signature _____ Care Plan developed on _____