Sample



Emergency Care Plan



| Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): Mother: MWork #: MCell #: Father: FWork #: FCell #: Fell #: FCell | Student: | Grad | e: School C | ontact: | DOB: | | |
|--|----------------------------|---|-----------------------------------|--------------------|--------------------------|--------------------------|--|
| Father: | Asthmatic: 🗆 Yes 🛚 | No (increased risk for se | evere reaction) Sever | ity of reaction(s) | | | |
| Emergency Contact: Relationship: Phone: SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE: MOUTH | Mother: | | MHome #: | MWork 7 | #: MCell | #: | |
| SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE: MOUTH | Father: | | FHome #: | FWork # | f:FCell # | t: | |
| MOUTH Itching & swelling of lips, tongue or mouth THROAT Itching, tightness in throat, hoarseness, cough SKIN Hives, itchy rash, swelling of face and extremities STOMACH Nausca, abdominal cramps, vomiting, diarrhea LUNG Shortness of breath, repetitive cough, wheezing HEART "Thready pulse", "passing out" The severity of symptoms can change quickly— it is important that treatment is give immediately. STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s) Administration Support Staff Transportation Staff TREATMENT: Remove stinger if visible, apply ice to area. Rinse contact area with water. Treatment should be initiated with symptoms without waiting for symptoms Benadryl ordered: Yes No Give Benadryl per provider's orders Call school nurse. Call parent/guardian if off school grounds. Epinephrine ordered: Yes No Special instructions: IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 91! Preferred Hospital if transported: Special parent/guardian or emergency or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus Special instructions: Phone: Phon | Emergency Contact: | | Relationsl | hip: | Phone: | | |
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