Allergy Health Care Plan

SEVERE ALLERGY TO _____

Child's Name _____ Birth Dare_____ Current Weight_____

Child Care Facility _____

EMERGENCY TREATMENT

For Mild Symptoms

Several hives
Itchy skin
Swelling at site of an insect sting

OR If an ingestion (or sting) is suspected

Treatment:
1. Obtain advice from the director of Program or medication authorization form
2. Give _____ of _____ by mouth.
   Dose amount antihistamine
3. **Contact** the parent or emergency contact person.
4. **Stay** with the child, keep child quiet, monitor symptoms until parent arrives. **Watch** child for more serious symptoms listed below.

Severe Symptoms can cause a *Life Threatening Reaction*

Hives spreading over the body
Wheezing, Difficulty swallowing or Breathing
Swelling of face/neck, Tingling or swelling of tongue
Vomiting
Signs of Shock (extreme paleness/grey color, clammy skin)
Loss of Consciousness,

Treament:
1. **Give EpiPen® or EpiPen Jr.® immediately,** place against upper outer thigh, Through clothing if necessary.
2. **CALL 911** (or local emergency response team immediately EpiPen® only lasts 20-30 minutes

911 (emergency response team should always be called if EpiPen®is given)

3. Contact parents or emergency contact person. If parents unavailable, school staff should accompany the child to the hospital.

Directions for use of EpiPen®:

1. Pull off grey cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, then remove.
5. Discard EpiPen® by giving it to emergency responder for disposal.

Special Instructions (for health care provider to complete)

Prescribing Practitioner Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____