

# Cayuga ISD Emergency Care Plan

## Anaphylaxis Allergy

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ School Year: \_\_\_\_\_  
Mother: \_\_\_\_\_ Contact numbers: \_\_\_\_\_  
Father: \_\_\_\_\_ Contact numbers: \_\_\_\_\_  
Emergency Contact (if parent is unavailable): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Asthmatic: \_\_\_\_\_ \*YES \_\_\_\_\_ No \*increased risk for severe reaction  
Allergen(s): \_\_\_\_\_  
Medications taken to prevent symptoms: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Medications taken at onset of symptoms: \_\_\_\_\_

### Symptoms of an allergic reaction may include any/all of these:

Mouth: itching, swelling of lips, tongue or mouth, mouth "feels hot"  
Throat: itching, tightness in throat, hoarseness, cough  
Skin: Hives, redness, itchy rash, swelling of face and extremities  
Stomach: nausea, abdominal cramps, vomiting, diarrhea  
Lungs: shortness of breath, repetitive cough, wheezing  
Heart: "thread pulse," dizziness, "passing out"

\*The severity of symptoms can change quickly it's important that treatment is given immediately\*

### **Emergency Action Steps:**

1. Rinse contact area with water, if appropriate
2. Treatment should be initiated: \_\_\_\_\_ with symptoms \_\_\_\_\_ without waiting for symptoms
3. Benadryl ordered: \_\_\_\_\_ yes \_\_\_\_\_ no Give \_\_\_\_\_ Benadryl every \_\_\_\_\_ minutes per provider's orders
4. Call school nurse. Call parents/ guardians if off school grounds.
5. Epinephrine ordered: \_\_\_\_\_ yes \_\_\_\_\_ no Special instructions: \_\_\_\_\_

**IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY (INJECT IN OUTER THIGH) AND CALL 911.**

Preferred Hospital if transported: \_\_\_\_\_

Epinephrine provides a 20 minutes response window. After epinephrine, a student may feel dizzy 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 will accompany student to the emergency room until parent or guardian is present.

Healthcare Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*This plan is in effect for the current school year\*