

Place child's  
Picture  
here

**ELKHORN AREA SCHOOL DISTRICT**

**EMERGENCY HEALTH CARE PLAN**

for  
Known Severe Allergic Reactions  
(Authorization valid for current school year ONLY)

**ALLERGIC TO:** \_\_\_\_\_

Date of last reaction: \_\_\_\_\_ Symptoms seen: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Asthmatic**      Yes                      No                      \*High risk for severe reaction

**SIGNS OF AN ALLERGIC REACTION INCLUDE:**

<b><u>Systems:</u></b>	<b><u>Symptoms:</u></b>	<b>(The severity of symptoms can quickly change.)</b>
<b>MOUTH</b>	itching & swelling of the lips, tongue, or mouth	
<b>THROAT*</b>	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough	
<b>SKIN</b>	hives, itchy rash, and/or swelling about the face or extremities	
<b>GUT</b>	nausea, abdominal cramps, vomiting, and/or diarrhea	
<b>LUNG*</b>	shortness of breath, repetitive coughing, and/or wheezing	
<b>HEART*</b>	“thready” pulse, “passing out”	

**\*all the above symptoms can potentially progress to a life-threatening situation!**

**ACTION:**

1. If ingestion is suspected, give prescribed \_\_\_\_\_  
Medication/dose/route  
and \_\_\_\_\_ Immediately!  
Additional medication/dose/route  
Note: (Epipen is kept in the \_\_\_\_\_). If bee sting, apply ice to area of bite.
2. Call 911, administer CPR or rescue breathing as necessary.
3. Call Mother \_\_\_\_\_ Father \_\_\_\_\_  
Mother's work number \_\_\_\_\_ Father's work number \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(no stamp)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student is capable to self-administer

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	2. _____ Room _____
3. _____ Relation: _____ Phone: _____	3. _____ Room _____

Staff: Remember to give copy of form to EMT's and record observations and action taken in student file.

ELKHORN AREA SCHOOL DISTRICT

**EPIPEN (EPIPEN, JR.) ADMINISTRATION PROCEDURE**

1. Note signs/symptoms of allergic reaction.
2. If stung by insect, remove insect stinger, if possible.
3. Call 911
4. Remove EpiPen Auto-injector from Yellow Protective Tube.
5. Pull out gray safety cap.  
NOTE: **DO NOT** remove safety cap until ready to use.
6. Place black tip on outer thigh, at right angle to leg. (Through clothing, if necessary).  
NOTE: Always apply to thigh.
7. Press hand into thigh until Auto-injector mechanism functions, and hold in place for several seconds.



8. Remove EpiPen unit and **MASSAGE INJECTION SITE FOR 10 SECONDS**.
9. Give additional medication if ordered.
10. Apply wrapped ice over area of bite.
11. Await arrival of EMS team. Complete and copy Emergency Health Care Plan for known severe allergic reactions. Give one copy to EMS and one to School District Nurse.
12. Monitor for possible adverse reactions: Palpitations, rapid pulse, sweating, nausea and vomiting, respiratory difficulty, paleness, dizziness, weakness, tremor, headaches, anxiety or cardiac arrhythmias.
13. Dispose of EpiPen Unit in Red Sharps container.
14. Encourage family to re-supply EpiPen.

**WARNING:** Accidental injection into the hands or feet may result in loss of blood flow to the affected area and should be avoided. If there is an accidental injection into these areas, go immediately to the nearest emergency room for treatment.

**NOTE:** Protect EpiPen from exposure to light and extreme heat.  
Note expiration date on the unit and have family replace prior to expiration.  
Notify family to replace if solution is discolored or contains a precipitate. (The physician may recommend emergency use even with discolored contents rather than to postpone treatment).

**Suggestions for Avoidance of Insect Stings Outdoors:**

Food attracts insects. Keep food in covered containers, keep garbage containers covered and void opening garbage receptacles.

**Personal:** Avoid perfumes, hair spray, hair tonics, suntan lotions, and other cosmetics. Avoid wearing brightly colored clothing, flowery prints, or black, as this attracts insects more than white, green, tan or khaki. Wear shoes at all times when out of doors. If possible, keep arms and legs covered by garments.

Reference: Patient Insert EpiPen Epinephrine Auto-injector  
Meridian Medical Technology, Inc. Columbia, MD 21046

(8/98)



Yellow Jacket



Bee



Hornet



Wasp