

ANAPHYLAXIS PLAN OF CARE

for

Student Photo

Student Name _____

GRADE/CLASS _____

Teacher(s): _____

School Care Team (min 2 staff): _____

LIFE-THREATENING ALLERGEN(S):

Previous anaphylactic reaction: **Student is at greater risk.**

Has Asthma. **Student is at greater risk.** If student is having an anaphylactic reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy? _____

SAFE STORAGE:

Epinephrine Auto-Injector Dosage:

EpiPen® Jr. 0.15 mg

EpiPen® 0.30 mg

Expiry: _____

Student will carry the EpiPen at all times. The EpiPen is kept in the student's:

Pocket

Hip / Back pack

Other: _____

Student's spare EpiPen is located: _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing, trouble swallowing).
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light headedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

**EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT
COULD SAVE A PERSON'S LIFE**

SCHOOL CARE TEAM
(to be completed by the school)

WHO	DUTIES (including safety measures)	WHEN (if appropriate)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

EMERGENCY PROCEDURES

ACT QUICKLY. THE FIRST SIGNS OF AN ANAPHYLACTIC REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms or if symptoms return.
4. Designate someone to call contact person; e.g. Parent(s)/Guardian(s).
5. Recommend transport to the hospital (by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment.
6. Provide the used epinephrine auto-injector to EMS for disposal.

AUTHORIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is MAY be shared)

school staff	classmates	transportation provider
lunchroom supervisor	relevant occasional staff	relevant volunteers
before and/or after care	post copy	
food service provider(secondary only)		
other _____		

A Request for School Personnel to Administer Prescribed & Emergency Medication Form is completed.

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

I/we further hereby release the Halton District School Board, its employees and agents from any liability for loss, damage, illness or injury, howsoever caused to my/our child's person or property, or to me/us as a consequence, arising from the administration or a failure to administer, correctly or at all, the actions detailed in this Plan of Care.

Parent / Guardian: _____ Student: _____
SIGNATURE* SIGNATURE

Principal or designate: _____ Date: _____
SIGNATURE

*If the student is 18 years and over, a parent signature may not be required.