

WESTFIELD PUBLIC SCHOOLS
302 Elm Street. Westfield, N.J.

EMERGENCY HEALTH CARE PLAN FOR EPINEPHRINE DESIGNEE

School Year _____

Student's Name _____ D.O.B. _____ Teacher/Class _____

ALLERGIC TO: _____

SIGNS OF AN ALLERGIC REACTION

The student's initial symptoms included:

(circle all that are relevant)

Body Systems:

Symptoms:

- | | |
|-----------------|--|
| • MOUTH | itching & swelling of the lips, tongue or mouth |
| • THROAT | itching &/or a sense of tightness, hoarseness & cough |
| • SKIN | hives, itchy rash, swelling of the face or extremities |
| • GUT | nausea, vomiting, abdominal cramps, diarrhea |
| • LUNGS | shortness of breath, repetitive cough, wheezing |
| • HEART | "thready" pulse, faintness |

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

ACTION: In the event of severe allergy symptoms give and do the following:

1. **Epinephrine Auto Injector JR. SR. (circle correct dose per MD order)**
2. **Call Rescue Squad : 911 (Tell them student is having an ALLERGIC REACTION & that Epi-pen was given)**
3. Call Mother _____ Father _____
Or emergency contact _____
4. Call Doctor: _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

School Nurse