

# BARRINGTON PUBLIC SCHOOLS ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Cluster: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (Higher risk for a severe reaction) [ ] No

PLACE  
STUDENT'S  
PICTURE  
HERE

**For a suspected or active food allergy/bee sting/other allergic reaction:**

FOR ANY OF THE FOLLOWING

## SEVERE SYMPTOMS:

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, or definitely stung, even if there are no symptoms.



### LUNG

Short of breath, wheezing, repetitive cough



### HEART

Pale, blue, faint, weak pulse, dizzy



### THROAT

Tight, hoarse, trouble breathing/swallowing



### MOUTH

Significant swelling of the tongue and/or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting or severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

### OR A COMBINATION

of mild or severe symptoms from different body areas.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

## MILD SYMPTOMS

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten or likely stung.



### NOSE

Itchy/runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

NOTE: Do not depend on antihistamines or inhalers (bronchodilator) to treat a severe reaction. Use Epinephrine.

### 1. INJECT EPINEPHRINE IMMEDIATELY.

- CALL 911.** Request ambulance with epinephrine.
  - Consider giving additional medications (following or with the epinephrine):
    - Antihistamine
    - Inhaler (bronchodilator), if asthma
  - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

## MEDICATION/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15mg IM [ ] 0.3mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

[ ] If initialed by Physician/HCP, student may self-carry and/or self-administer epinephrine.

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Certified School Nurse Teacher Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

# BARRINGTON PUBLIC SCHOOLS ALLERGY INDIVIDUAL HEALTH CARE PLAN (IHCP)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergy to: \_\_\_\_\_

Level of Allergy: (Circle) Inhalation Tactile Ingestion Unknown Age of Onset: \_\_\_\_\_

Describe symptom(s) of allergic reaction(s): \_\_\_\_\_

History of Anaphylaxis: (Circle one) Yes No Treatment: EpiPen Benadryl Other: (please specify) \_\_\_\_\_

Other health conditions/medications (e.g., Asthma): \_\_\_\_\_

Location of Epinephrine at school: Health Office (unlocked cabinet during regular school hours)

**Preventive Measures**

- Parent/guardian will inform bus company personnel of their child’s allergy medication requirements, & emergency contact information. Parent/Guardian Initials \_\_\_\_\_
- Medications that are kept in the nurse’s office are available during school hours only. For any before and after school activities, it is the parent/guardian responsibility to inform activity coordinator of their child’s allergy, treatments & provide emergency medications. Parent/Guardian Initials \_\_\_\_\_
- School personnel who may be involved in the care of a student who has been diagnosed with an allergy, will be informed of the EHCP and IHCP.
- The student will be accompanied to the health office in the event of an allergic reaction.
- Trained school personnel will carry the prescribed emergency medication(s), and a copy of the EHCP on the field trip and accompany student at all times if the parent is not present. NOTE: Student may self-carry with doctor orders.
- Other Provisions required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS** (please print) **Treat student before calling Emergency Contacts. - CALL 911**

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other: Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Authorization Signature Date

\_\_\_\_\_  
Certified School Nurse Teacher Authorization Signature Date