For Clinic Office Use Only		
Date:	Reviewed By:	
Epinephrine Expiration:		

Student's Name: _	

## **Summer 2024**



## Allergic Reaction Care Plan

Asthma: Yes	DOB:	Grade (2024-2025)		
Swelling of eyes, face, lips, throat, tongue   Skin flushing or extreme paleness   Rapid or weak pulse   Red, raised rash anywhere on body   Blueness around mouth   Hoarseness   Tightness in chest   Difficulty in breathing   Tightness in chest   Tightness in chest   Rapid or weak pulse   Red, raised rash anywhere on body   Blueness around mouth   Hoarseness   Tightness in chest   Tightness in chest   Tightness in chest   Rapid or weak pulse   Tightness in chest   Tightness in chest   Tightness in chest   Tightness in chest   Rapid or weak pulse   Tightness in chest	C	Previous Anaphylaxis: Yes ☐ No ☐		
Swelling of eyes, face, lips, throat, tongue   Skin flushing or extreme paleness   Rapid or weak pulse   Red, raised rash anywhere on body   Blueness around mouth   Hoarseness   Tightness in chest   Difficulty in breathing   Tightness in chest   Tightness in chest   Rapid or weak pulse   Red, raised rash anywhere on body   Blueness around mouth   Hoarseness   Tightness in chest   Tightness in chest   Tightness in chest   Rapid or weak pulse   Tightness in chest   Tightness in chest   Tightness in chest   Tightness in chest   Rapid or weak pulse   Tightness in chest	Check symptoms student has had with	n past reactions:		
Red, raised rash anywhere on body   Blueness around mouth   Hoarseness   Difficulty in breathing   Absence of breathing   Tightness in chest   Itching with or without hives   Abdominal pain   Nausea			Rapid or weak pulse	
Difficulty in breathing				
Itching with or without hives		Absence of breathing	Tightness in chest	
Loss of consciousness	Itching with or without hives	Abdominal pain		
Anxiety		Sense of impending disaster	Vomiting	
If above symptoms occur, the Student should be treated with the following without delay:    Treatment: Please check the appropriate boxes and sign below.   Student is to carry Epipen/Twinject/Auvi-Q with backup in the Clinic.   Student is not to carry Epipen/Twinject/Auvi-Q.   Give Benadryl liquid.   Check appropriate dose:   2.5MG   25MG   50MG     Give epinephrine auto-injector (Epipen/ Twinject/Auvi-Q).   Check appropriate dose:   115mg   0.30mg   A second dose of epinephrine may be given in 20 minutes if needed and available.   Ves   No   Call 911, then call parents listed below.   Other:    Parent/Guardian (call first)   Parent/Guardian (call second)     Name   Phone   Phone     Phone   P	Shortness of breath	Difficulty in swallowing	Dizziness	
Treatment: Please check the appropriate boxes and sign below.    Student is to carry Epipen/Twinject/Auvi-Q with backup in the Clinic.   Student is not to carry Epipen/Twinject/Auvi-Q.   Give Benadryl liquid.	Anxiety	Fainting	Other:	
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Student is not to carry Epipen/Twinject/Auvi-Q.  Give Benadryl liquid. Check appropriate dose: 2.5MG   25MG   50MG  Give epinephrine auto-injector (Epipen/ Twinject/Auvi-Q). Check appropriate dose: 1.15mg   0.30mg   0.30mg A second dose of epinephrine may be given in 20 minutes if needed and available.   ves   No   Call 911, then call parents listed below.  Other:  Parent/Guardian (call first)   Parent/Guardian (call second)   Name   Phone		C		
Give Benadryl liquid. Check appropriate dose: \[ \] 2.5MG \[ \] 25MG \[ \] 50MG \\ \[ \] Give epinephrine auto-injector (Epipen/ Twinject/Auvi-Q). Check appropriate dose: \[ \] 1.15mg \[ \] 0.30mg \\ A second dose of epinephrine may be given in 20 minutes if needed and available. \[ \] Ves \[ \] No \\ \[ \] Call 911, then call parents listed below. \[ \] Other:  \[ \] Parent/Guardian (call first) \[ \] Parent/Guardian (call second) \\ \[ \] Name \[ \] Phone \[ \]  Emergency Contacts (contacted only if unable to reach both parents) \\ \[ \] Name \[ \] Phone \[ \]  Phone \[ \] Phone \[ \]	Student is to carry Epipen/Twinject/Auvi-	-Q with backup in the Clinic.		
Give epinephrine auto-injector (Epipen/ Twinject/Auvi-Q). Check appropriate dose: d15mg	Student is not to carry Epipen/Twinject/A	uvi-Q.		
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Name	☐ Other:			
Phone Phone  Emergency Contacts (contacted only if unable to reach both parents)  Name Name Phone Phone	Parent/Guardian (call first)	Parent/Guardian (	call second)	
Emergency Contacts (contacted only if unable to reach both parents)  Name Name Phone Phone	Name	Name		
Name         Name           Phone         Phone	Phone	Phone		
Name         Name           Phone         Phone				
Phone Phone	Emergency Contacts (contacted only if u	nable to reach both parents)		
	Name	Name	Name	
Parent Signature Date	Phone	Phone		
Parent Signature Date				
	Parent Signature		Date	