



Emergency Health Care Plan
ANAPHYLAXIS

STUDENT: Jack Norton Teacher: Grade 8

ALLERGY TO: peanut
Asthmatic Yes (High risk for severe reaction) No
Description of Reaction:

Symptoms of an allergic reaction include:

- \*\* Throat: itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
\*\* Lung: shortness of breath, repetitive coughing, and/or wheezing
\*\* Heart: "thready" pulse, "passing out"
Mouth: itching and swelling of the lips, tongue, or mouth
Skin: hives, itchy rash, and/or swelling about the face and extremities
Gut: nausea, abdominal cramps, vomiting, and/or diarrhea

The severity of the symptoms can quickly change.

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

ACTION:

- 1. If ingestion or contact is suspected,
a. For rash or no symptoms, give antihistamine; or and observe closely for worsening symptoms
b. For severe symptoms \*\*, use EpiPen/EpiPen JR immediately and above medication(s), then CALL 911, parent, and page school nurse at: 415-515-9201

Have someone stay with the child at all times until the paramedics arrive!

Beth Mullen 10.24.2014
Parent Date Doctor Date
School Nurse Date Administrator Date

Emergency Contacts

Mother: Father:
Home Phone: Home Phone:
Work Phone: Work Phone:
Cell Phone: Cell Phone:
Physician: Physician's Phone: