GARDEN CITY HEALTH SERVICES Food Allergy Emergency Care Plan

Asthmatic: Yes* No Higher disk for severe reaction STEP 1: TREATMENT	Student's Name: D.O.B:	Teacher:
Rinse contact area with water, if appropriate Symptoms: Rinse contact area with water, if appropriate Simptoms: Give Checked Medication**: Give Checke		
Rinse contact area with water, if appropriate	reaction	
Rinse contact area with water, if appropriate		
Symptoms: Give Checked Medication**: "To be determined by physician authorizing treatment) If food allergen has been ingested, but no symptoms: Epinephrine Antihistamine Antihistamine Mouth: litching, tingling, or swelling of lips, tongue, Epinephrine Antihistamine Antihistamine Mouth: litching, tingling, or swelling of lips, tongue, Epinephrine Antihistamine Antihistamine Antihistamine Antihistamine Antihistamine Epinephrine Antihistamine Antihistamine Epinephrine Antihistamine Antihistamine Epinephrine Epinephrine Antihistamine Epinephrine Epinephrine Epinephrine Epin		
## If food allergen has been ingested, but <i>no symptoms</i> : ## Mouth: liching, tingling, or swelling of lips, tongue, mouth mouth: liching, tingling, or swelling of lips, tongue, mouth ## Skin: Hives, lichy rash, swelling of the face or extremities ## Gut. Nausea, abdominal cramps, vomiting, diarrhea ## Throat: Tightening of throat, hoarseness, hacking cough ## Clung: Shortness of breath, repetitive coughing, wheezing ## Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness ## Other ## Other ## Totent: Tightening of throat, boarseness, hacking cough ## Throat: Tightening of throat, hoarseness, hacking cough ## Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness ## Other ## Other ## Officer ## Officer ## Officer ## Officer ## If reaction is progressing (several of the above areas affected), give: ## Potentially life-threatening. The severity of symptoms can quickly change. ## Potentially life-threatening. The severity of symptoms can quickly change. ## DosAGE ## Epinephrine: inject intramuscularly (circle one, and see reverse side for instructions) ## Epinephrine: inject intramuscularly (circle one, and see reverse side for instructions) ## Epinephrine: give (medication/doseroute) ## Don field trips only an Epi-Pen will be available for suspected allergic reaction. ## Officer ## Offic		
Mouth: Itching, tingling, or swelling of lips, tongue, mouth mouth mouth mouth mouth mouth skin: Hives, itchy rash, swelling of the face or extremities Epinephrine Antihistamine extremities Gut: Neusea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine Antihistamine Throat: Tightening of throat, hoarseness, hacking Epinephrine Antihistamine Anti		
Skin: Hives, lichy rash, swelling of the face or extremities Gut: Nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine Antihistamine Finroat: Tightening of throat, hoarseness, hacking Epinephrine Antihistamine Antihistamine Cough Epinephrine Antihistamine Antihistamine Epinephrine Antihistamine Antihistamine Epinephrine Antihistamine Antihistamine Epinephrine Epinephrine Epinephrine Epinephrine Epinephrine Epinephrine Epinephrine Epinephrin	If food allergen has been ingested, but no symptoms:	☐ Epinephrine ☐ Antihistamine
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fainting, pale, blueness Epinephrine	wheezing	□ Epinephrine □ Antihistamine
If reaction is progressing (several of the above areas affected), give: "Potentially life-threatening-The severity of symptoms can quickly change. DOSAGE Epinephrine: inject intramuscularly (circle one, and see reverse side for instructions) EpiPen0.3mg EpiPen® Jr.0.15 Twinject® 0.3 mg Twinject® 0.15 mg Auvi-Q 0.3 mg Auvi-Q 0.15 mg Antihistamine: give (medication/dose/route). On field trips only an Epi-Pen will be available for suspected allergic reaction. We give permission for this student to self carry & self administer these medications MPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. STEP 2: EMERGENCY CALLS 1. Call 911 (or Rescue Squad: 2. Dr. 3. Parent 4. Emergency contacts: 3. Parent 4. Emergency contacts: 3. Name/Relationship 4. Emergency contacts: 3. Name/Relationship 4. Emergency contacts: 4. Emergency contacts: 5. Name/Relationship 6. Name/Relationship 7. Phone Number: EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FAGILITY! Parent/Guardian's Signature Dottor's Signature Date Dottor's Signature Date Dottor's Signature Date Dottor's Signature Date		□ Epinephrine □ Antihistamine
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3. Parent Phone Number(s):	additional epinephrine may be needed.	
4. Emergency contacts: a. Name/Relationship Phone Number: b. Name/Relationship Phone Number: EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY! Parent/Guardian's Signature Date Doctor's Signature Date	2. Dr Phone Number:	
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Parent/Guardian's Signature		
Doctor's SignatureDate	FACILITY!	
Doctor's SignatureDate	Parent/Guardian's Signature	Date
(Required) Staff Members Trained in Epinephrine Administration:	Doctor's Signature Date	
Staff Members Trained in Epinephrine Administration:	(Required)	