

INDIVIDUALIZED HEALTHCARE PLAN

Student Name: _____ Date of Birth: _____ Grade: _____

Primary Health Concern _____

Secondary Health Concern(s): _____

To Be Completed By Physician

MEDICATION	DOSAGE	TIMES	AM
			PM

The following side effects are common: _____

Student Risk:

First Signs:

What to administer:

Anticipated Results:

Secondary Signs if no relief:

What to administer:

Physician's Signature

Date

Physician's stamp here

To be completed by Parent

I, _____ give permission for my child to receive the above medication as directed.

Parent Signature

Parent Phone Number

_____ has been trained by _____ to administer the above mentioned medication
(Scope Staff Member)

ANAPHYLAXIS PROTOCOL

	Explanation/Demonstration by Nurse or Parent/Guardian	Explanation /Return Demonstration by unlicensed Staff Member
<p>A. States Name and Purpose of Emergency Medication:</p> <ul style="list-style-type: none"> • Effects to look for before administering Benedryl Dosage of: _____ 	<p>Date: _____</p> <p>initials: _____</p>	<p>Date: _____</p> <p>Staff member's initials: _____</p>
<p>B. States Name and Purpose of Emergency Medication:</p> <ul style="list-style-type: none"> • The Epi -Pen Auto-Injector is a disposable, prefilled automatic injection device which is designed to deliver a single dose of 0.3 mg (or 0.1 mg for children) of epinephrine to an individual with a known Anaphylactic condition. 		
<p>C. Signs and Symptoms of Anaphylaxis:</p> <ul style="list-style-type: none"> • Itching and swelling of lips, tongue and mouth. • Tightness in throat, hoarseness, hacking cough. • HIVES, itchy rash, swelling about the face or extremities. • Nausea, stomach cramps, vomiting and/or diarrhea. • Shortness of breath, wheezing, repetitive coughing. • Passing out. 		
<p>D. EMERGENCY TREATMENT:</p> <p>(For Training Purposes, use Epi-Pen Trainer)</p> <ul style="list-style-type: none"> • Have someone call 911 immediately • Administer emergency medication (Epi-Pen) <ul style="list-style-type: none"> • Pull off gray safety cap. • Place black tip on thigh, at right angle to leg. • Press hard into thigh (through clothing) until Auto-Injector mechanism functions. • Hold in place for 10 seconds!! • Remove Epi-Pen unit. <u>Do not discard.</u> • Massage injection area. • Call parent or parent designee • Record administration of Epi-Pen on the <i>Emergency Medical Care Plan Anecdotal Record</i> (Send with student to hospital) <p>Student will be transported to hospital via ambulance</p>		

ANAPHYLAXIS PROTOCOL
for
Non-Licensed School Staff Members

An unlicensed staff member may be trained to administer an Epi-Pen /Benedryl in anticipation of an Anaphylactic reaction, under the following circumstances:

- The individual agrees to render emergency care to the student, who may have a Life Threatening Hypersensitivity reaction to a previously encountered allergen (ANAPHYLAXIS) (Such a response would fall under the "Good Samaritan Act" for rendering emergency care during a life-threatening situation.)
- The individual has been given approval by a Parent (or School Nurse) to assist the student in the event of an Anaphylactic reaction.
- The individual receives proper in-service training for the procedure from a Parent (or School Nurse).
- The training is documented by the health care professional who conducts the training.
- Ongoing assessment and supervision is conducted by the health care professional.

STUDENT'S EMERGENCY CARE PLAN

Name of Student: _____ Allergy: _____

The following staff member successfully demonstrated proficiency in the use of the Epi-Pen Auto Injector Training Device

Staff Member Trained: _____ Position: _____ Date: _____
Signature

Trainer: (School Nurse or Parent/Guardian) _____ Date: _____
Signature/Title