School Plan of Care for Hypersensitivity

STUDENT INFORMATION

Name: ______________________________ Date of Birth: ____________________

School Year: 20_____ – 20_____ Grade: ____________________ Current Age: ____________________

Pediatrician: ____________________ Allergy Physician (if different): ____________________

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1 Name: ______________________________ Relationship: ____________________

Home Phone: ______________ Cell Phone: ______________ Work Phone: ______________

Parent/Guardian #2 Name: ______________________________ Relationship: ____________________

Home Phone: ______________ Cell Phone: ______________ Work Phone: ______________

Allergy to:	Describe reaction & symptoms:	Does the student have Asthma?
		❑ Yes ❑ No *(**Children with asthma have a higher risk of severe reaction)*

Has Student Been Prescribed:	If Yes, Name & Dosage of Medication:
Epi-pen, Auvi-Q, Impax, Teva's Generic Epipen, etc.	
Antihistamine	
Asthma inhaler	
Other	

SIGN/SYMPTOMS OF ALLERGIC REACTION INCLUDE:

Systems:	Symptoms:
Mouth	Itching, Tingling Sensation in the Mouth, Swelling of the Lips, Tongue, Mouth
*Throat	Itching &/or sense of Tightness in the Throat, Hoarseness, Hacking Cough, Nasal Congestion
Skin	Hives, Rash, sense of Feeling itchy, Flushing &/or Swelling about the Face or Extremities, Bluish Skin Color
Stomach	Nausea/Vomiting and/or Abdominal Cramps, Diarrhea
*Lungs	Tightness in Chest, Shortness of Breath, Repetitive Coughing &/or Wheezing, Shallow Respirations
*Heart	Chest Pain, Drop in Blood Pressure, Weak or Thready Pulse
Mood	Irritable, Anxious, Restless, Feeling of Apprehension, Loss of Consciousness, Weakness or Dizziness, Seizure

Severity of symptoms can change quickly. All symptoms can potentially progress to a life-threatening situation!

Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine by Autoinjector.

Procedure Steps:

DO NOT hesitate to administer medication or call EMS (911)

- Administer Emergency Medication
- Call EMS (911)
- Reassure/calm student
- Encourage student to assume position of comfort
- Encourage slow, even breaths
- Monitor respiratory status & administer Rescue Breathing or CPR if needed
- Notify parent/guardian

School Plan of Care for Hypersensitivity

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school.

Student's Hypersensitivity Plan of Care reviewed and approved by:

Parent/Guardian Name (Signature): ____ **Date:** __________________________________

❑ *Please check this box if you understand that by typing your name, it is the same as your signature*

School Nurse Signature: ____ **Date:** __________________________________

Principal Signature: ____ **Date:** __________________________________

Healthcare Provider's Signature: ____ **Date:** __________________________________

Healthcare Provider's Signature Note: If a separate Emergency Care Plan, also known as an "Emergency Action Plan," is obtained and signed by the Healthcare Provider, then the Healthcare Provider's signature on the Action Plan will supersede his/her signature on the OCS Student's Hypersensitivy Plan of Care.

Authorization to Release and Disclose Patient Information for School Year 20____–20____

I understand that the OCS School Nurse/Health Coordinator may have questions and require clarification from the student's Health Care provider to assist in the treatment and care concerning this student. As the parent/guardian of (student's name) ________________________________, I hereby give my permission for exchange of confidential protected health information regarding this student between the OCS School Nurse/Health Coordinator and this student's Healthcare Provider and my signature is an informed consent to share necessary medical information with specified OCS school staff as a "need to know"

Parent/Guardian Name (Signature): ____ **Date:** __________________________________

❑ *Please check this box if you understand that by typing your name, it is the same as your signature*