

Health Care Plan

Severe Allergy:

*(Student cannot attend class or any Seedlings event without the rescue medication.)*

Student Last, Middle, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room #: \_\_\_\_\_\_\_\_Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student has severe allergy to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is treatment needed at school?**

□Yes

□No

Describe symptoms in previous reactions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student also has asthma?**  No Yes.

If yes, rescue inhaler may be used **after** the Epinephrine has been given: Yes  No

**Treatment for *Serious Symptoms:***

|  |  |
| --- | --- |
| **Exposure OR has Serious Symptoms**:   * Hives or swelling in areas other than allergen contact area. * Itching, swelling of lips, tongue, throat,   Or mouth.   * Sense of tightness in throat, hoarseness * Significant shortness of breath, repetitive coughing, wheezing. * Nausea, cramps, vomiting, and/or diarrhea. * Lightheadedness; dizziness; passing out. | 1. **Give Epi-Pen Injection Immediately**   *(side effects: increased heart rate, nervousness, headache)*  Epi-Pen auto-injector:  0.15mg OR  0.3mg  If symptoms continue, repeat Epinephrine after 5 - 10 minutes.  ***(If repeat dose ordered, please provide school with 2nd dose.)***  **After** giving epi-Pen, give \_\_\_ml or mg *(circle one)* of Benadryl   1. **Call 911** 2. Call to parent/guardian. 3. Remain with student until EMS arrives.   **TRANSPORTATION:**  Pull over and call 911; Call Trans. Manager; Call  Parent; Call Center Management. |

**Treatment for *Mild Symptoms*:**

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| --- | --- |
| **Exposure or has Mild Symptoms:**  A few localized hives  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Notify parent/guardian to pick up student for observation.  1. Give \_\_\_\_\_\_\_\_\_\_ ml or mg *(circle one)* of Benadryl (antihistamine)    2. Notify parent/guardian that antihistamine was given & have parent  Pick up student for further observation at home.  **If a serious symptom develops, give Epi-Pen as instructed above.**  **TRANSPORTATION:** Leave route, drop off child; Call Transportation  Director; Call Parent, Call Center Management |

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***Licensed Health Care Provider Signature* Date *Printed LHCP Name***

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**ESD 105 Health Representative Date Staff Signature Date**

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**Advocate Date Staff Signature Date**

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**Parent Signature Date USDA Signature Date**

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**Transportation Date Emergency Number**

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| --- |
| Rescue medication \_\_**X**\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_  **Copy in:** Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_  Uploaded into ChildPlus \_\_\_\_ |