

# EMERGENCY HEALTH INTERVENTION PLAN

Picture

**ALLERGY TO:** \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Teacher \_\_\_\_\_

Asthmatic Yes \_\_\_\_\_\* No \_\_\_\_\_ \*HIGH RISK FOR SEVERE REACTION

**REACTIONS MY CHILD HAS EXPERIENCED IN THE PAST:** please circle

- ❖ MOUTH itchy & swelling of the lips, tongue, or mouth
- ❖ THROAT itching and a sense of tightness in throat, hoarseness and hacking cough
- ❖ SKIN hives, itchy rash, and/or swelling about face or extremities
- ❖ GUT nausea, abdominal cramps, vomiting, and/or diarrhea
- ❖ LUNG\* shortness of breath, repetitive coughing, and/or wheezing
- ❖ HEART\* "thready" pulse, "passing out"

The severity of symptoms can quickly change. \*All the above symptoms can potentially progress to life threatening situations.

**ACTION: Physician's Order**

1. Give **EPI-PEN** if it is believed student has come in contact with his/her life-threatening allergy

2. CALL RESCUE SQUAD: **911** Ask for advanced life support:  
Then call:

Mother \_\_\_\_\_ Father \_\_\_\_\_, or emergency contacts.  
name/phone name/phone

Dr. \_\_\_\_\_  
name/phone

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CAN BE REACHED!**

**FOR ALL FIELD TRIPS, A TRAINED DESIGNATED STAFF MEMBER WILL CARRY AND ADMINISTER THE EPI-PEN IF A STUDENT DOES NOT SELF-ADMINISTER.**

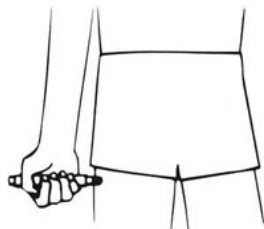
\_\_\_\_\_  
Parent Signature Date \_\_\_\_\_ M.D. \_\_\_\_\_  
Doctor's signature Date

\_\_\_\_\_  
Nurse's Signature Date

1. Pull off gray cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.