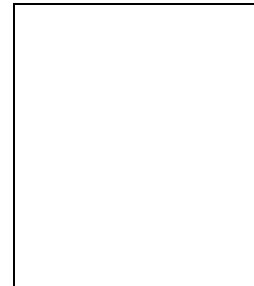


GARDEN CITY HEALTH SERVICES

Latex Allergy Emergency Care Plan



Student's Name: _____ D.O.B: _____ Teacher: _____

Allergy to: _____ Asthmatic: Yes* No *Higher risk for severe reaction

■ STEP 1: TREATMENT ■

Rinse contact area with water

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
<ul style="list-style-type: none"> ▪ If contact with latex, but <i>no symptoms</i>: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Mouth: Itching, tingling, or swelling of lips, tongue, mouth 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Skin: Hives, itchy rash, swelling of the face or extremities 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Gut: Nausea, abdominal cramps, vomiting, diarrhea 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ *Throat: Tightening of throat, hoarseness, hacking cough 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ *Lung: Shortness of breath, repetitive coughing, wheezing 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ *Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ *Other 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ If reaction is progressing (several of the above areas affected), give: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
*Potentially life-threatening. The severity of symptoms can quickly change.	

DOSAGE

Epinephrine: inject intramuscularly (circle one, and see reverse side for instructions)

EpiPen 0.3mg 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

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

■ STEP 2: EMERGENCY CALLS ■

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s): _____

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 _____

(Required)

Staff Members Trained in Epinephrine Administration:

THIS INFORMATION WILL BE SHARED WITH STAFF MEMBERS ON A NEED TO KNOW BASIS