

## Appendix D

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PREVALENT MEDICAL CONDITION — ANAPHYLAXIS Plan of Care			
STUDENT INFORMATION			
Student Name _____	Date Of Birth _____	Student Photo (optional)	
Ontario Ed. # _____	Age _____		
Grade _____	Teacher(s) _____		

  

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

  

KNOWN LIFE-THREATENING TRIGGERS	
CHECK (✓) THE APPROPRIATE BOXES	
<input type="checkbox"/> Food(s): _____	<input type="checkbox"/> Insect Stings: _____
<input type="checkbox"/> Other: _____	
Epinephrine Auto-Injector(s) Expiry Date (s): _____	
Dosage: <input type="checkbox"/> EpiPen® Jr. 0.15 mg	<input type="checkbox"/> EpiPen® 0.30 mg
Location Of Auto-Injector(s): _____	
<input type="checkbox"/> Previous anaphylactic reaction: <b>Student is at greater risk.</b> <input type="checkbox"/> Has asthma. <b>Student is at greater risk.</b> If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication. <input type="checkbox"/> Any other medical condition or allergy? _____ _____	

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DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT
<b>SYMPTOMS</b> A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE <u>ANY</u> OF THESE SIGNS AND SYMPTOMS: <ul style="list-style-type: none"> <li>• <b>Skin system:</b> hives, swelling (face, lips, tongue), itching, warmth, redness.</li> <li>• <b>Respiratory system</b> (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.</li> <li>• <b>Gastrointestinal system</b> (stomach): nausea, vomiting, diarrhea, <u>pain</u> or cramps.</li> <li>• <b>Cardiovascular system</b> (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.</li> <li>• <b>Other:</b> anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.</li> </ul> <b>EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.</b>
<b>Avoidance of an allergen is the main way to prevent an allergic reaction.</b>
<p><b>Food Allergen(s):</b> eating even a small amount of a certain food can cause a severe allergic reaction.</p> <p>Food(s) to be avoided: _____</p> <p>Safety measures: _____</p> <p><b>Insect Stings:</b> (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, <u>cover</u> or move trash cans, keep food indoors.)</p> <p>Designated eating area inside school building _____</p> <p>Safety measures: _____</p> <p>Other information: _____</p>

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<b>EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)</b>
<b>ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.</b>

### STEPS

1. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 — 6 hours).
5. Call emergency contact person, e.g., Parent(s)/Guardian(s).

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HEALTHCARE PROVIDER INFORMATION (OPTIONAL)		
Healthcare provider may include Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.		
<p>Healthcare Provider's Name: _____</p> <p>Profession/Role: _____</p> <p>Signature: _____ Date: _____</p> <p>Special Instructions/Notes/Prescription Labels: _____</p> <p>If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.</p> <p><b>*This information may remain on file if there are no changes to the student's medical condition.</b></p>		

  

AUTHORIZATION/PLAN REVIEW		
INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
Other Individuals to Be Contacted Regarding Plan of Care:		
Before-School Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
After-School Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
School Bus Driver/Route # (If Applicable) _____		
Other: _____		
<p><b>This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____.</b> (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).</p>		
Parent(s)/Guardian(s): _____	Signature _____	Date: _____
Student: _____	Signature _____	Date: _____
Principal: _____	Signature _____	Date: _____

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### Using **EpiPen<sup>®</sup>** / **EpiPen<sup>®</sup> Jr** is as easy as 1-2-3

1. Remove yellow or green cap from carrying case
  - Grasp unit with black tip pointing downward
  - Pull off grey activator cap



2. Jab black tip firmly into outer thigh so it “clicks” AND HOLD on thigh approximately 10 seconds
  - Massage injected area for 10 seconds



3. Seek medical attention



### After Using **EpiPen<sup>®</sup>** / **EpiPen<sup>®</sup> Jr** Follow 3 Easy Safety Steps:

1. Carefully place used auto-injector, needle-end first, into storage tube
2. Screw cap of carrying case on completely.
  - This automatically bends needle back and secures pen so it won't fall out of tube
3. Take unit with you to hospital Emergency Department



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**EpiPen<sup>®</sup>**  
**EpiPen<sup>®</sup> Jr**

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