

SCHOOL NURSE PROGRAM

Camden County Non-Public Schools

EMERGENCY HEALTH CARE PLAN

Student's name _____ D.O.B. _____ Teacher _____

Allergy to : _____

Trained Delegate Alice Malloy, Jodi WilhelmSchool Nurse Angela Spinosi RN**SIGNS OF ALLERGIC REACTION INCLUDE:****Systems:****Symptoms:**

Mouth

itching and swelling of the lips, tongue or mouth

Throat*

itching and /or a sense of tightness in the throat, hoarseness,
and hacking cough

Skin

hives, itchy rash, and/or swelling about the face or extremities

Gastrointestinal

nausea, abdominal cramps, vomiting, diarrhea

Respiratory*

shortness of breath, repetitive coughing, and/or wheezing

Cardiovascular*

"thready" pulse, passing out

Specific symptoms for this student may include:**The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!****ACTION:**

- If ingestion is suspected
- If stung by bee
- Experienced other life threatening allergy
- ❖ **INJECT EPI-PEN _____ EPI-PEN JR. _____**
- ❖ **CALL 911**
- ❖ **CALL: Mother _____ Father _____ or emergency contacts**
- ❖ **CALL: Dr. _____ at _____**
- ❖ **CONTINUE TO MONITOR STUDENT FOR ABSENT BREATHING/
PULSE UNTIL EMT ARRIVES**
- ❖ **INITIATE CPR IF PULSE AND/OR BREATHING ABSENT**
- ❖ **OFFER REASSURANCE TO STUDENT, AS APPROPRIATE**

*Note - Give used epi-pen to EMT

Parent Signature _____ Date _____

Doctor's Signature _____ Date _____