

STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS

Child name:	Birth date:
School/child care facility name:	Grade:
MedicAlert™ bracelet worn ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/guardian name:	Daytime Ph#:
Home Ph#: Cell #:	Work Ph #:
Parent/guardian name:	Daytime Ph#:
Home Ph#: Cell #:	Work Ph #:
Alternate emergency contact name:	Daytime Ph#:
Home Ph#: Cell #:	Work Ph #:
Allergist:	Phone #:
Pediatrician/Family doctor:	Phone #:
List items (s) that your child has a life-threatening allergy to (e.g., peanuts, tree nuts, milk, eggs)	
Other allergies (non life-threatening):	
Child is prescribed with (check one) <input type="checkbox"/> Regular EpiPen® (0.3 mg) <input type="checkbox"/> Twinject™ (0.3 mg) <input type="checkbox"/> Junior EpiPen® (0.15 mg) <input type="checkbox"/> Twinject™ (0.15 mg)	
EpiPen®/Twinject™ is located in child's (check one): <input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> back pack <input type="checkbox"/> other	
It is recommended that the EpiPen®/Twinject™ is carried by the child. It is the parent/guardian's responsibility to ensure EpiPen®/Twinject™ is NOT expired.	
OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE SCHOOL SHOULD KNOW:	

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IF YOU SEE THIS		DO THIS																				
<p><i>If ANY combination of the following signs occurs and there is reason to suspect anaphylaxis</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;">Throat tightness or closing</td> <td style="width: 50%; padding: 2px;">Runny nose</td> </tr> <tr> <td style="padding: 2px;">Change in voice</td> <td style="padding: 2px;">Red watery eyes</td> </tr> <tr> <td style="padding: 2px;">Difficulty swallowing</td> <td style="padding: 2px;">Hives</td> </tr> <tr> <td style="padding: 2px;">Difficulty breathing</td> <td style="padding: 2px;">Itching</td> </tr> <tr> <td style="padding: 2px;">Coughing</td> <td style="padding: 2px;">Swelling</td> </tr> <tr> <td style="padding: 2px;">Wheezing</td> <td style="padding: 2px;">Vomiting</td> </tr> <tr> <td style="padding: 2px;">Change in skin color</td> <td style="padding: 2px;">Diarrhea</td> </tr> <tr> <td style="padding: 2px;">Dizziness</td> <td style="padding: 2px;">Stomach cramps</td> </tr> <tr> <td style="padding: 2px;">Fainting or loss of consciousness</td> <td style="padding: 2px;">Sense of doom</td> </tr> <tr> <td></td> <td style="padding: 2px;">Change in behavior</td> </tr> </table>	Throat tightness or closing	Runny nose	Change in voice	Red watery eyes	Difficulty swallowing	Hives	Difficulty breathing	Itching	Coughing	Swelling	Wheezing	Vomiting	Change in skin color	Diarrhea	Dizziness	Stomach cramps	Fainting or loss of consciousness	Sense of doom		Change in behavior		<ol style="list-style-type: none"> 1. Give EpiPen®/Twinject™. 2. Activate 911/EMS. 3. Contact the child's parent/guardian. 4. If signs of anaphylaxis persist or recur, give back-up EpiPen®/Twinject™ (if available) every 10-15 minutes. 5. Stay with the child. Provide relevant information to EMS personnel. <ul style="list-style-type: none"> • Signs of anaphylaxis seen • When signs were first observed (time) • When EpiPen®/Twinject™ was given • Where EpiPen®/Twinject™ was given • Effect of EpiPen®/Twinject™ on child
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Risk reduction strategies

Risk reduction strategies are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the school/child care facility if you have any questions about the risk reduction strategies that are implemented in your child's school/child care facility. School division policy can also found on their website.

I have reviewed the above plan for my child, and I provide consent to this plan on behalf of my child:

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan and information provided to me, and in my opinion, this is an appropriate response plan for this child:

Nurse signature: _____ **Date:** _____

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