



(to be completed electronically)

ANAPHYLAXIS (SEVERE ALLERGIC REACTION) Plan of Care

STUDENT INFORMATION

Student Name [Click or tap here to enter text.](#)

Student Photo

Grade [Click or tap here to enter text.](#)

Teacher(s) [Click or tap here to enter text.](#)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1. Click or tap here to enter text.	Click or tap here to enter text.		
2. Click or tap here to enter text.	Click or tap here to enter text.		
3. Click or tap here to enter text.	Click or tap here to enter text.		

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

- Food(s): [Click or tap here to enter text.](#)
- Insect Stings: [Click or tap here to enter text.](#)
- Other: [Click or tap here to enter text.](#)

Epinephrine Auto-Injector(s) Expiry Date(s): [Click or tap here to enter text.](#)

Dosage: Epi-Pen® Jr. 0.15mg Epi-Pen® 0.30mg

Location of Auto-Injector(s): [Click or tap here to enter text.](#)

- Previous anaphylactic reaction: **Student is at greater risk.**
- Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.
- Any other medical condition or allergy? [Click or tap here to enter text.](#)

DAILY / ROUTINE ASTHMA MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (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.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided: [Click or tap here to enter text.](#)

Safety measures: [Click or tap here to enter text.](#)

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trashcans, keep food indoors.)

Designated eating area inside school building: [Click or tap here to enter text.](#)

Safety measures: [Click or tap here to enter text.](#)

Other information: [Click or tap here to enter text.](#)

**EMERGENCY PROCEDURES
(DEALING WITH AN ANPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. 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 does if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in 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/guardian.

AUTHORIZATION / PLAN REVIEW

Individuals with whom Anaphylaxis Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Anaphylaxis Plan of Care:

- Before School Program [Click or tap here to enter text.](#)
- After School Program [Click or tap here to enter text.](#)
- School Bus Driver / Route # (if applicable) [Click or tap here to enter text.](#)
- Other: [Click or tap here to enter text.](#)

This plan remains in effect for the [Click or tap here to enter text.](#) school year without change and will be renewed on or before: [Click or tap here to enter text.](#)

(It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Anaphylaxis Plan of Care during the school year.)

Parent/Guardian Signature

Date

Student Signature

Date

Principal Signature

Date