Life–Threatening Food Allergy Emergency Care Plan (ECP)

Student Information	
Student Name:	**Life-Threatening ALLERGY to:**
Emergency Contact 1 (Full Name & Phone #):	**Emergency Contact 2 (Full Name & Phone #):**

Student should avoid contact with this/ these allergen(s):

Other allergies:

School:	Birthdate:	Sex:	Grade:

Suitable Substitutions if applicable:	Asthmatic? □ YES □ NO High Risk for life-threatening reaction? □ YES □ NO	Date of last reaction:

Please list the specific symptoms the student has experienced in the past.

- □ MOUTH Itching, tingling, and/or swelling of the lips, tongue, or mouth
- □ SKIN Hives, itchy rash, and/or swelling about the face or extremities
- □ THROAT Sense of tightness in the throat, hoarsened and hacking cough
- □ GUT Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
- □ LUNG Shortness of breath, repetitive coughing, and/or wheezing
- □ HEART "Thready" pulse, "passing out", fainting, blueness, and pale
- □ GENERAL Panic, sudden fatigue, chills, fear of impending doom
- □ OTHER _____

IF YOU SUSPECT A LIFE-THREATENING ALLERGIC REACTION TO FOOD,
IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911.

Medication Doses		
EPIPEN (.03) □	EPIPEN JR. (0.15) □	ANTIHISTAMINE: _____ _____ CC / MG (circle one)
Repeat dose of EPIPEN: □ YES □ NO If YES, when:		Side Effects:
Give (list medication) _____ _____ Teaspoons _____ Tablets by mouth		Side Effects:

Action Plan

1. Administer Epinephrine AND CALL 911 (DO NOT HESITATE to administer Epinephrine).
2. 911 MUST BE CALLED IF EPINEPHRINE IS ADMINISTERED.
3. Advise 911 that the student is having a life-threatening allergic reaction AND Epinephrine is being administered. REQUEST ADVANCED LIFE SUPPORT.
4. Note the time of Epinephrine administration: _____ AM / PM
5. Place Epipen in the container provided AND send with emergency responders along with ECP.
6. Call Parents or other emergency contacts.

Signature of Licensed Health Professional: _____ Date:_____

Printed Name of Licensed Health Professional: _____

SEE ATTACHED IF MORE INFORMATION IS NEEDED: