

# Emergency Health Care Plan

**SEVERE ALLERGY TO:** \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Weight \_\_\_\_\_

Child Care Program \_\_\_\_\_ Child Care Provider \_\_\_\_\_

## EMERGENCY TREATMENT

### For Mild Symptoms

- Several Hives
  - Itchy skin
  - Swelling at site of an insect sting
- OR** If an ingestion (or sting) is suspected

### Treatment

1. **Stay** with the Child
2. **Give** \_\_\_\_\_ of \_\_\_\_\_ by mouth.  
Dose (amount) medication
3. **Contact** the parent or emergency contact person.
4. **Stay** with the child; keep child quiet, monitor symptoms until parent arrives.  
**Watch** child for more serious symptoms listed below.

### Severe Symptoms can cause a *Life Threatening Reaction*

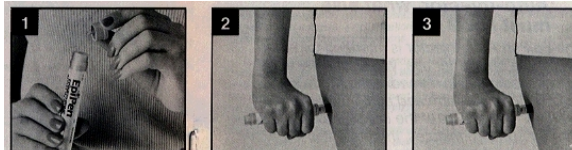
- Hives spreading over the body
- Wheezing, difficulty swallowing or breathing
- Swelling of face/neck, tingling or swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/grey color, clammy skin)
- Loss of consciousness

### Treatment

1. **Give EpiPen® or EpiPen Jr.® immediately**, place against upper outer thigh, through clothing if necessary.
2. **CALL 911** (or local emergency response team) immediately.  
EpiPen® only lasts for 20 – 30 minutes  
**911 (emergency response team) should always be called if EpiPen® is given**
3. Contact parents or emergency contact person. If parents unavailable, child care staff member should accompany the child to the hospital.

### Directions for use of EpiPen®:

1. Pull off grey cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, and then remove.
5. Discard EpiPen® in impermeable can. Dispose per policy, or give to emergency care responder. **Do not** return to holder.



### Special Instructions (for health care provider to complete):

\_\_\_\_\_

\_\_\_\_\_

It is understood by the parent(s) and health care provider that this plan will be carried out by child care personnel per the directions given above.

Prescribing Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SEVERE ALLERGY INFORMATION

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child Care Program \_\_\_\_\_ Child Care Provider \_\_\_\_\_

Allergies: (food, insects, medication, etc)	Reaction: (include date of last reaction)
1.	1.
2.	2.
3.	3.

**Diet Restrictions:** (For food allergies, parents will monitor child care program menus or provide special food for their child.)

**Medications used on a daily basis:** (include doses)

1. _____	2. _____
3. _____	4. _____

- REMINDER** • Child care staff must take EpiPen® or any other medication on field trips
- Child care staff should take a phone with them on field trips
  - Keep EpiPen® at room temperature, DO NOT freeze, refrigerate, or keep in extreme heat

### EMERGENCY CONTACT INFORMATION

**Father's/Guardian's name:** \_\_\_\_\_

**Mother's/Guardian's name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alternate contact person if parent cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Physician who should be called regarding the allergic reaction:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

It is understood by the parent(s) and health care provider that this plan may be carried out by child care personnel per the information provided above.

Prescribing Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child Care Director/Provider Signature \_\_\_\_\_ Date \_\_\_\_\_