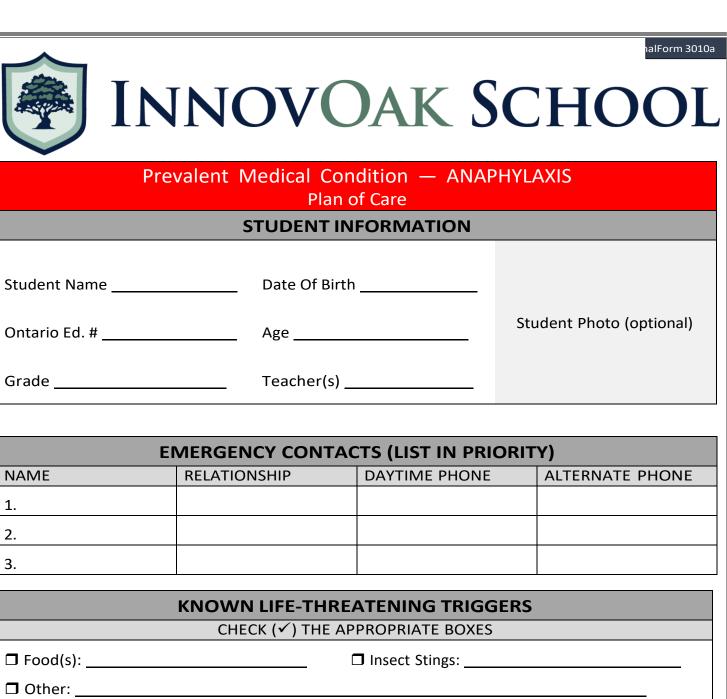
alForm 3010a	
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Epinephrine Auto-Injector(s) Expiry Date (s):

Dosage: 
DepiPen<sup>®</sup>
DepiPen<sup>®</sup> Jr. 0.15 mg

0.30 mg Location Of Auto-Injector(s):

D 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? \_\_\_\_\_\_

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### DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

#### SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE <u>ANY</u> 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 lightheadedness, 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 even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided:

Safety measures: \_\_\_\_\_\_

**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 trash cans, keep food indoors.)

Designated eating area inside school building \_\_\_\_\_

Safety measures: \_\_\_\_\_\_

Other information:

## EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)

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

### STEPS

- 1. School emergency Team will respond. Principal or Designate will lead the team
- 2. Teacher or designate will be responsible for managing the plan in consultation with Principal/Secretary
- 3. The teacher knows the student best, so direction to the team or principal is crucial
- 4. Medical attention will be given by any member of InnovOak staff but deference will be given to the Current First Aid Staff, Principal, Emergency Team, Other Staff, Parent Volunteers (based on whom is attending the emergency
- 5. Give epinephrine auto-injector (e.g. EpiPen<sup>®</sup>) at the first sign of a known or suspected anaphylactic reaction.
- 6. Designate one of team to make emergency contact person; e.g. Parent(s)/Guardian(s).
- Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms. 911 Dispatch will usually advise on these steps
- 8. Follow direction of any attending 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.
- 9. If parent is unavailable, we remain with student for their stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 6 hours).

HEA		PROVIDER II	NFORMATION
Healthcare provider may ind Respiratory Therapist, Certif	-		tioner, Registered Nurse, Pharmacist, Certified Asthma Educator.
Healthcare Provider's Name			
Profession/Role:			
Signature:		Date:	
Special Instructions/Notes/P	rescription La	bels:	
dates for which the authoriz	ation to admi ain on file if th	nister applies, a here are no char	nges to the student's medical condition.
INDIVIDUAL		ATION/PLA	N REVIEW
1	2		3
4	5		6
Other individuals to be conta	acted regardir	ng Plan Of Care:	:
Before-School Program	□Yes	🗖 No	
After-School Program	🗖 Yes	🗖 No	
School Transportation: (If Ap	plicable)		
Other:			
reviewed on or before: responsibility to notify the p school year.)	rincipal if the		<b>I year without change and will be</b> (It is the parent(s)/guardian(s) hange the plan of care during the
Parent(s)/Guardian(s):			
	Signature	2	
Student:			Date:
	Signature	2	
Principal:			Date:
·	Signature		
		Page 4 of 4	