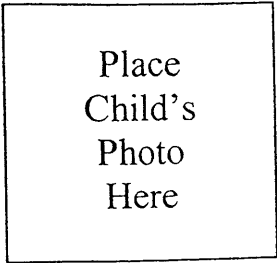


**St. Augustine School
EMERGENCY MEDICAL PLAN**

Name _____ D.O.B _____ Teacher /class _____



ALLERGY TO: _____

Asthmatic Yes* No * Higher risk for severe reaction

STEP 1: TREATMENT

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
<input type="checkbox"/> If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Mouth: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Gut: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Throat: † Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Lung: † Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Heart: † Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Other: † _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

† All of the above symptoms can progress to a life-threatening reaction.

DOSAGE

Epinephrine: inject intramuscularly (**circle one**) EpiPen® EpiPen® Jr.

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

Doctor's Signature _____ **Date** _____

STEP 2: Emergency Calls

1. Call 911 and request a paramedic with epinephrine. If epinephrine has already been given, state that more is required.

2. **Emergency Contact Information:** Call Dr. _____ **Phone:** _____

Parent/Guardian: _____ (____) _____ - _____ or _____ (____) _____ - _____

Alternate Contact: _____ (____) _____ - _____ _____ (____) _____ - _____

_____ (____) _____ - _____ _____ (____) _____ - _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature: _____ **Date** _____