










**PULASKI COMMUNITY  
SCHOOL DISTRICT**

## INDIVIDUAL CARE PLAN FOR STUDENTS WITH A LIFE THREATENING ALLERGY DAILY AND EMERGENCY PROCEDURES

<b>IDENTIFICATION</b>	Name: _____ Birth date: _____ School year: _____ School: _____ Grade: _____ Teacher: _____  Designated staff to provide support with care related to a life threatening allergy: 1. _____ 2. _____ 3. _____ 4. _____																							
<b>CONTACTS</b>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             student photo           </div>																							
<b>CONTACTS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">NAME</th> <th style="width: 25%;">RELATIONSHIP</th> <th style="width: 15%;">PHONE #</th> <th style="width: 20%;">NOTES</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1st</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2nd</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3rd</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					NAME	RELATIONSHIP	PHONE #	NOTES	1st					2nd					3rd				
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<b>SYMPTOMS</b>	<b>LIFE THREATENING ALLERGY TO:</b> _____ _____																							
<b>SYMPTOMS</b>	<b>HISTORY</b> Date of last reaction: _____ Symptoms noted with previous episode(s): _____ _____ _____ _____																							
<b>AUTHORIZATION</b>	<b>LICENSED OR TRAINED STAFF OF PULASKI COMMUNITY SCHOOL DISTRICT ARE AUTHORIZED TO ADMINISTER MEDICATION INDICATED IN THIS CARE PLAN:</b>  Physician Name _____ phone _____ Physician signature _____ date _____ Parent signature _____ date _____  Instructions for EPINEPHRINE AUTO INJECTOR USE: (Health provider please check appropriate box(es)) <input type="checkbox"/> Child understands the proper use of his/her epinephrine auto injector and can self-carry/use the auto injector at school <input type="checkbox"/> Child needs assistance or supervision to use his/her epinephrine auto injector																							
<b>AUTHORIZATION</b>	<input type="checkbox"/> GIVE EPINEPHRINE IF ALLERGEN WAS LIKELY EATEN- REGARDLESS OF SYMPTOMS BEING PRESENT <input type="checkbox"/> GIVE EPINEPHRINE IF <b>ANY</b> (EVEN IF ONLY MILD) SYMPTOMS ARE PRESENT <input type="checkbox"/> GIVE EPINEPHRINE IF 1 SEVERE SYMPTOM IS PRESENT <b>OR</b> IF 2 MILD SYMPTOMS ARE PRESENT																							

# EMERGENCY MEDICATION

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

# MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

EPINEPHRINE AUTO INJECTOR \_\_\_\_\_ mg  
 ANTIHISTAMINE \_\_\_\_\_  
 DOSE: \_\_\_\_\_ mg  
 RESCUE INHALER: \_\_\_\_\_  
 DOSE: \_\_\_\_\_ puffs  
 OTHER: \_\_\_\_\_

# ACCOMMODATIONS

## FOR STUDENTS WITH FOOD RELATED ANAPHYLAXIS:

### CLASSROOM ACCOMMODATIONS:

- No restrictions
- Only parent approved snacks/treats
- Alternate snack will be provided by parent/guardian  
Supply of "safe" treats will be provided by parent/guardian for days when there is a classroom or birthday treat

### CLASSROOM TEACHER WILL:

- Reinforce no-food and no utensil sharing/trading
- Reinforce appropriate classroom hygiene practices/hand washing before and after eating
- Clean table surface before and after snack time with district approved cleaning and disinfecting agent
- Store cold lunch sacks of students with life-threatening allergies separate from other student lunches
- Use non-food items as rewards

### STUDENT NEEDS ALTERNATIVE PRODUCT FOR CLASSROOM PROJECTS/ACTIVITIES:

- YES (list) \_\_\_\_\_
- NO

### CAFETERIA ACCOMMODATIONS:

- No restrictions
- Student must sit at an allergy safe table
- Other: \_\_\_\_\_
- Separate bucket and cloth with district-approved cleaning agents solely for the cleaning of allergen safe zones
- Lunchroom supervisors monitor allergen-safe zone table(s) to ensure foods eaten at that table are allergen free

### SCHOOL BUS ACCOMMODATIONS:

- Student requires designated seating close to the bus driver
- Student carries epi-pen (or equivalent) on the bus
- Bus drivers are trained to recognize signs and symptoms of anaphylaxis and how to administer epinephrine via auto injector
- Bus drivers will not hand out food treats - even on special occasions
- Bus drivers will reinforce the policy of discouraging eating on the school bus