

# MTW Extended Day - Health Action Plan

## Asthma / Allergy / Chronic Condition

Place Child's  
Photo Here

(2" x 2")

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Asthma: (✓) Yes \_\_\_ No \_\_\_ Other Chronic Condition: \_\_\_\_\_

Food Allergy to: \_\_\_\_\_

*NOTE: Health issues will be noted on all attendance and sign out sheets*

DOH Form on file with the Nurse: (✓) Yes \_\_\_ No \_\_\_ Copy Attached: \_\_\_\_\_

Medication is located: (✓) \_\_\_ In the Nurse's office \_\_\_ In the Ext Day office

Other Location: \_\_\_\_\_

### Medications / Doses:

Asthma inhaler (bronchodilator if asthmatic): \_\_\_\_\_ Exp Date: \_\_\_\_\_

Epinephrine (Epi-Pen brand and dose): \_\_\_\_\_ Exp Date: \_\_\_\_\_

Other medication (brand and dose): \_\_\_\_\_ Exp Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Other than parent)

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

### Extremely reactive to the foods listed above,

THEREFORE:

\_\_\_ (✓) If checked, give epinephrine (Epi-Pen) immediately for ANY symptoms if the allergen was **likely eaten**.

\_\_\_ (✓) If checked, give epinephrine (Epi-Pen) immediately if the allergen was **definitely eaten**, even if no symptoms are noted.

### Any **SEVERE SYMPTOMS** after suspected or known **ingestion**:

**One or more** of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

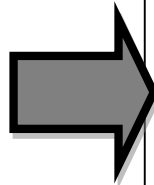
THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination of symptoms** from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)



### 1. INJECT EPI-PEN IMMEDIATELY

2. Call 911

3. Begin monitoring (see box below)

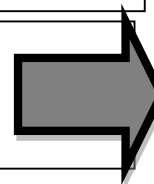
4. Give additional medications:\*

-Inhaler (bronchodilator) if asthma

-Antihistamine if allergic

\*Antihistamines & Inhalers (bronchodilators)

are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.



### MILD SYMPTOMS ONLY

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

GUT: Mild nausea/discomfort

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals & parent.

3. If symptoms progress (see above), USE EPI-PEN

4. **Begin monitoring** (see box below)

## MONITORING

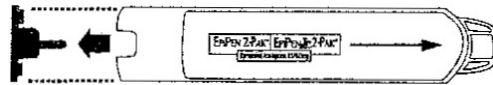
1. Stay with student; alert healthcare professionals and parent.
2. Tell rescue squad epinephrine was given; Note time when epinephrine was administered.
3. Request an ambulance with epinephrine.
4. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.
5. For a severe reaction, consider keeping student lying on back with legs raised.
6. Treat student even if parents cannot be reached.

**\*See this back page or the EPIPEN for auto-injection technique.**

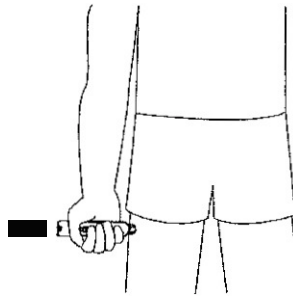
### EPIPEN Auto-Injector

#### Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- SWING and firmly push up against outer thigh. Hold on thigh for approximately 10 seconds.
- Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

#### Parents:

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted on this allergy plan and a copy of this allergy plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip, Mini Camps or Holiday Camps.)