

Insert picture here

Siena Catholic Academy

CONFIDENTIAL

Emergency Care Plan: Asthma

Student Name: _____

Diagnosis: _____

DOB: _____ Grade: _____

HR Teacher: _____

IF YOU SEE: Changes in Breathing – coughing, wheezing, breathing through mouth, shortness of breath, peak flow of <_____.

Verbal reports of – chest tightness, chest pain, cannot catch breath, dry mouth, “neck feels funny, doesn’t feel well, speaks quietly.

Appears – anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.

Other: _____

DO THIS:

- Stop activity immediately
- Help student to assume comfortable position
- Encourage pursed – lipped breathing
- Encourage fluids to help thin lung secretions
- Medication: _____
- Observe for relief of symptoms.

If no relief with-in 15 – 20 minutes follow steps below for an asthma emergency.

IF YOU SEE AN ASTHMA EMERGENCY:

Breathing with chest and /or neck pulled in sits hunched over, nose opens wide when inhaling, difficulty in walking or talking. Lips or fingernails discolored – blue/gray. Peak flow _____ or less. Resp. rate >30/min. Pulse >120/min.

DO THIS: Call and 911. Inform them that you have an asthma emergency. Be ready with students age, physical symptoms, and medication taken or usually takes. Give reassurance and attempt to keep calm and breathing slowly and deeply.

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone : _____

2: _____

Phone : _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2: _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____
_____ Copy sent to parent

Print Name: _____
_____ Copy sent to private healthcare provider

Insert picture here

Allergy to: _____

Picture of Bee here

Emergency Care Plan: Bee Sting

Student Name: _____ Asthmatic: Yes No

DOB: _____ Grade: _____ HR Teacher: _____

IF YOU SEE: Symptom of an allergic reaction may include any/all of these.

- MOUTH Itching and swelling of lips, tongue or mouth, mouth "feels hot"
THROAT Itching, tightness in throat, hoarseness, cough
SKIN Hives, itchy rash, swelling of face and extremities
GI Nausea, abdominal cramps, vomiting, diarrhea
RESP Difficulty breathing, wheezing
HEART Weak or "thready pulse", "passing out"
OTHER Generalized swelling, hives other than at sting site, sense of impending doom.

The severity of symptoms can change quickly - it is important that treatment is given immediately.

DO THIS:

- Remove stinger if visible.
Rinse contact area with water
Apply ice to area
Administer medications as indicated below:

Benadryl: _____ mg.

Instructions: _____

EpiPen _____ mg. EpiPen Jr. _____ mg.

Instructions: _____

Other: _____

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone: _____

2. _____

Phone: _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2. _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

IF EPI-PEN GIVEN CALL 911. ASK FOR ADVANCED CARDIAC LIFE SUPPORT AMBULANCE

Epinephrine provides a 20 minute response window. After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving Epinephrine should be transported to the hospital by an ACLS ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is available. If there is an extended delay in the arrival of transportation to the hospital and the child starts to show signs of anaphylaxis, the Epinephrine may be given a second time after 20 minutes. If there is an inhaler, the child may use it.

If on field trip: in addition to above, notify parent and school nurse at: _____

If evacuation occurs during an emergency with this student please follow these Instructions: _____

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____ Print Name: _____
Copy sent to parent Copy sent to private healthcare provider

Insert picture here

Emergency Care Plan: Diabetes - Hyperglycemia

Student Name: _____ Diagnosis: _____

DOB: _____ Grade: _____ HR Teacher: _____

IF YOU SEE: Symptoms of a Hyperglycemic episode may include any/all of these.

Gradual onset, extreme thirst, very frequent urination, drowsiness, flushed skin, heavy breathing, blurred vision, vomiting, fruity or wine-like odor to breath.

DO THIS:

Stay with student, notify school nurse immediately.

IF YOU SEE SEVERE SYMPTOMS:

Stupor, loss of consciousness

DO THIS:

Call and report to health office at _____

Call 911 and ask for ACLS.

If on a field trip, follow above and notify the School Nurse at: _____

If an evacuation occurs during an emergency with this student, please follow these instructions:

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone : _____

2. _____

Phone : _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2. _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____ Print Name: _____

_____ Copy sent to parent

_____ Copy sent to private healthcare provider

Insert picture here

Emergency Care Plan: Diabetes - Hypoglycemia

Student Name: _____
Diabetes _____

Diagnosis: Insulin Dependent

DOB: _____ Grade: _____

HR Teacher: _____

IF YOU SEE: Symptoms of a Hypoglycemic episode may include any/all of these.

Shaking, fast heartbeat, sweating, anxiety, irritability, weakness, fatigue, complaints of hunger, impaired vision, confusion

DO THIS: Accompany student to Health Office for blood glucose testing, treatment and monitoring.

If health office unavailable, give student juice, 3-4 glucose tablets, or 4-5 hard candies. Notify Parents.

IF YOU SEE SEVERE SYMPTOMS:

Pallor, feeling faint, irritability, confusion, loss of consciousness, or seizure.

DO THIS:

Call and report to health office at _____

Glucose Gel: Roll on side; squirt glucose gel into mouth in cheek and on gums. Call parent.

Glucagon: If trained, inject _____ mg. by needle into upper arm or thigh; roll on side (vomiting may occur). **Call 911 and ask for ACLS.**

If on a field trip, follow above and notify the School Nurse at: _____

If an evacuation occurs during an emergency with this student, please follow these instructions:

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone : _____

2. _____

Phone : _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2. _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____ Print Name: _____

_____ Copy sent to parent

_____ Copy sent to private healthcare provider

Insert
picture
here

Allergy to: _____

Emergency Care Plan: Food Allergies

Student Name: _____ Asthmatic:

DOB: _____ Grade: _____ HR Teacher: _____

IF YOU SEE: Symptom of an allergic reaction may include any/all of these

- MOUTH** Itching and swelling of lips, tongue or mouth, mouth "feels hot"
- THROAT** Itching, tightness in throat, hoarseness, cough
- SKIN** Hives, itchy rash, swelling of face and extremities
- GI** Nausea, abdominal cramps, vomiting, diarrhea
- RESP** Shortness of breath, repetitive cough, wheezing
- HEART** Weak or "thready pulse"
- NEURO** Confusion, loss or consciousness, "passing out"

The severity of symptoms can change quickly – it is important that treatment is given immediately.

DO THIS: DO NOT DELAY. Give EpiPen immediately.

EpiPen _____ mg. EpiPen Jr. _____ mg.

Instructions: _____

To give EpiPen:

Pull off blue safety cap and place the orange tip against the outer thigh at right angle to leg. It may be given through clothing. Press hard and hold until it injects. You will feel a slight click. Hold it in place for 10 seconds. Then remove and massage area for 10 seconds after injection. Call 911 and inform them you have given EpiPen for allergic reaction. If there is an extended delay in the arrival of transportation to the hospital and the child starts to show signs of anaphylaxis, the EpiPen may be given a second time after 20 minutes. If there is an inhaler, the child may use it

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND

CALL 911. ASK FOR ADVANCED CARDIAC LIFE SUPPORT

Epinephrine provides a 20 minute response window. After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving Epinephrine should be transported to the hospital by an ACLS ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is available.

If on field trip, in addition to above, notify parent and school nurse at: _____

If evacuation occurs during an emergency with this student please follow these instructions: _____

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____ Print Name: _____
_____ Copy sent to parent _____ Copy sent to private healthcare provider

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone : _____

2: _____

Phone : _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2: _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

Insert picture here

Emergency Care Plan: Latex Allergy

Student Name: _____ Diagnosis: _____

DOB: _____ Grade: _____ HR Teacher: _____

IF YOU SEE: Symptom of an allergic reaction may include any/all of these.

- MOUTH** Itching and swelling of lips, tongue or mouth, mouth "feels hot"
- THROAT** Itching, tightness in throat, hoarseness, cough
- SKIN** Hives, itchy rash, swelling of face and extremities
- GI** Nausea, abdominal cramps, vomiting, diarrhea
- RESP** Shortness of breath, repetitive cough, wheezing
- HEART** Weak or "thready pulse", "passing out"
- OTHER** Generalized swelling, hives other than at exposure site, sense of impending doom or "something not right".

The severity of symptoms can change quickly – it is important that treatment is given immediately.

DO THIS:

- Rinse contact site with water
- Administer medications as indicated below:

Benadryl: ____mg.
Instructions: _____

EpiPen ____mg. EpiPen Jr. ____mg.
Instructions: _____

Other Medication: _____

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND

CALL 911. ASK FOR ADVANCED CARDIAC LIFE SUPPORT

Epinephrine provides a 20 minute response window. After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving Epinephrine should be transported to the hospital by an ACLS ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is available. If there is an extended delay in the arrival of transportation to the hospital and the child starts to show signs of anaphylaxis, the Epinephrine may be given a second time after 20 minutes. If there is an inhaler, the child may use it.

If on field trip, in addition to above, notify parent and school nurse at: _____

If evacuation occurs during an emergency with this student please follow these instructions: _____

By signing below you give permission to share this plan with physician and school staff.

Parent/Guardian Signature: _____ Print Name: _____

Parent/Guardian:

1. _____

Call numbers in this order:

1st _____

2nd _____

2. _____

Call numbers in this order:

1st _____

2nd _____

Emergency Contact:

1. _____

Phone : _____

2: _____

Phone : _____

Physician: _____

Phone: _____

Preferred Hospital:

1. _____

2: _____

Staff members instructed on this plan:

Teacher _____ Support staff _____

Food Services _____ Administrator _____

Transportation _____ Counseling _____

If evacuation occurs with this student during an emergency with this student follow these instructions.

Insert
picture
here

Emergency Care Plan: Seizure

Student Name: _____

Diagnosis: Epileptic/Seizure Disorder

DOB: _____ Grade: _____

HR Teacher: _____

IF YOU SEE: Generalized tonic clonic movements (Gran mal seizure)

- ❖ Sudden loss of consciousness.
- ❖ Fall to the ground.
- ❖ Entire body usually becomes rigid, then jerking of the face, trunk and limbs ensues.
- ❖ Loss of bladder control.
- ❖ Breathing abnormally or not at all.

DO THIS:

- Ease child to the floor and gently turn on side.
- Clear area.
- Place soft, flat object under head.
- Loosen any tight clothing around neck.
- Do not restrain movements or put anything in mouth.
- Note what time seizure started and how long it lasted.

Lips/skin may appear blue, which usually corrects naturally as the seizure ends.

- Reassure child when he/she wakes up.
- May appear tired and listless.
- Monitor vital signs.
- Notify parent.

Medication: _____

If seizure lasts greater than 5 minutes or there are multiple seizures, call 911, ask for Advanced Life Support. Monitor airway and vital signs.

<u>Parent/Guardian:</u>	
1.	_____
Call numbers in this order:	
1 st	_____
2 nd	_____
2.	_____
Call numbers in this order:	
1 st	_____
2 nd	_____
<u>Emergency Contact:</u>	
1.	_____
Phone : _____	
2.	_____
Phone : _____	
Physician: _____	
Phone: _____	
<u>Preferred Hospital:</u>	
1.	_____
2.	_____
Staff members instructed on this plan:	
Teacher _____	Support staff _____
Food Services _____	Administrator _____
Transportation _____	Counseling _____
If evacuation occurs with this student during an emergency with this student follow these instructions.	

IF YOU SEE OTHER:

DO THIS:

Medication: _____

If an evacuation occurs during an emergency with this student follow these instructions: _____
