

Allergy/Anaphylaxis Health Care Plan

TO BE COMPLETED BY MEDICAL PROVIDER PRESCRIBING TREATMENT PLAN:

Child's Name: _____ DOB: _____

Current Weight: _____ lbs. Asthma: Yes (higher risk for reaction) No

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Allergen	Treatment/Substitution

Type of allergy transmission/trigger: Ingestion Contact Inhalation

Reaction: Shortness of breath, wheezing, or coughing Pale or bluish skin, faintness, weak pulse, dizziness Tight or hoarse throat, trouble breathing or swallowing Significant swelling of the tongue or lips Many hives over the body, widespread redness Vomiting, diarrhea Behavioral changes and inconsolable crying Other _____

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Note: Do Not Depend on Antihistamines or Inhalers to treat a SEVERE reaction. USE EPINEPHRINE.

Extremely Reactive to the ALLERGENS _____; therefore:

If child was **LIKELY** exposed to an allergen, for **ANY** reason **GIVE EPINEPHRINE IMMEDIATELY**

If child was **DEFINITELY** exposed to an allergen, even if no symptoms are present **GIVE EPINEPHRINE IMMEDIATELY**

For the following signs of a *mild* allergic reaction, administer: _____

Skin: Hives: Mild Itch

Nose: Itchy, Runny, Sneezing

Stomach: Mild Nausea/Discomfort

Mouth: Itchy

Other: _____

For any of the following signs of a **SEVERE** allergic reaction or a combination of symptoms from different body areas, give **EPINEPHRINE** and **CALL 911**. If prescribed and directed, give other medications (antihistamine/inhaler). Lay person flat. *If breathing is difficult or vomiting, place on side, or sit up.*

Mouth: Significant Swelling of Tongue and/or Lips

Heart: Pale, blue, faint, weak pulse, dizzy

Throat: Tight, hoarse, trouble breathing/swallowing

Lungs: Short of Breath

Skin: Many hives over body, widespread redness

Stomach: Repetitive vomiting, severe diarrhea

Other: Feeling something bad is about to happen; anxiety, confusion

Other Medication Instructions: _____

Prescribed Medications/Dosage

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Potential Side Effects of Medication: _____

Potential Consequences to Child if Treatment is Not Administered: _____

Physician Signature

Date

TO BE COMPLETED BY PROGRAM WITH PARENT INPUT:

PROGRAM STRATEGIES

The following strategies will be implemented to minimize the risk of exposure to any allergens while child is in care:

List any additional information provided by the family regarding the treatment plan above, including all relevant medical information provided on or after enrollment.

Describe any training, procedures or skills identified by the family or physician that staff will need to implement the health care.

Staff were trained by : _____

The following staff have been trained on the child's medical condition:

Parent/Guardian Acknowledgement Statement

For the safety of your child, we cannot delete an allergy that has previously been documented unless we have a signed note from the child's physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s). Nor can we add an item(s) or change a medication without a signed note from the child's physician.

I understand that Bright Horizons requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

Parent Signature

Date

This plan must be updated annually, or whenever there is any change in treatment, or the child's condition changes.

For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.

THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:

- Inject epinephrine immediately and note the time when the first dose is given.
- Call 911/local rescue squad (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parent/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

STORAGE OF EPINEPHRINE

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored: **CHILD SPECIFIC EPINEPHRINE WILL BE STORED IN CHILD'S CLASSROOM ON SHELVING/IN CABINERY THAT IS INACCESSABLE TO CHILDREN AND WILL ACCOMPANY CHILD WHEN OUTSIDE OF CLASSROOM. NON-CHILD SPECIFIC EPINEPHRINE WILL BE STORED IN CENTRALLY LOCATED FIRST AID KIT.**

*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medication, such as asthma inhalers, that may be stored in a different area.

Explain here: **CHILD SPECIFIC INHALERS, ANTIHISTAMINES AND/OR BRONCHODILATOR WILL BE STORED IN CHILD'S CLASSROOM ON SHELVING/IN CABINERY THAT IS INACCESSABLE TO CHILDREN AND WILL ACCOMPANY CHILD WHEN OUTSIDE OF CLASSROOM.**

