

INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:	
Health Concern:	ALLERGY -
Date of Birth:	Student ID:
Case Manager:	Ext:



Asthmatic: Yes* No * Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms

- If a food allergen has been ingested, but no symptoms: N/A
- MOUTH Itching, tingling, or swelling of the lips, tongue, mouth
- SKIN Hives, itchy rash, swelling of the face or extremities
- GUT Nausea, abdominal cramps, vomiting, diarrhea
- THROAT[†] Tightening of throat, hoarseness, hacking cough
- LUNG[†] Shortness of breath, repetitive coughing, wheezing
- HEART[†] Thready pulse, low blood pressure, fainting, pale, blueness
- OTHER[†] _____
- If reaction is progressing (several of the above areas affected), give:

Give Checked Medication:

(determined by doctor authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

[†] Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: Inject intramuscularly (check one) Adrenaclick Auvi-Q EpiPen EpiPen Jr.

Antihistamine: _____
medication / dose / route

Other: _____
medication / dose / route

STEP 2: EMERGENCY CALLS

① Call 9-911 from a landline

② Call doctor _____
Name of doctor Phone Fax

③ Call _____
Name Relationship Phone #1 Phone #2

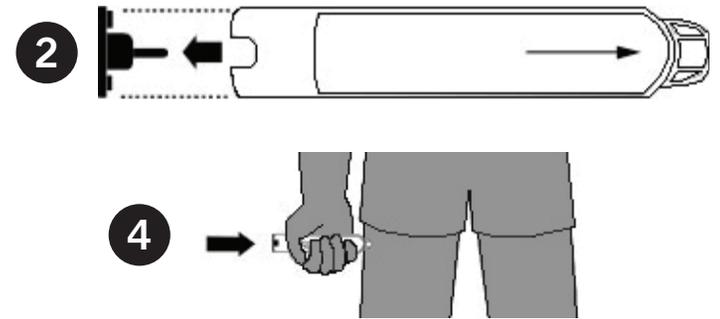
_____ Relationship Phone #1 Phone #2

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature Date Administrator Signature Date Doctor Signature (required) Date

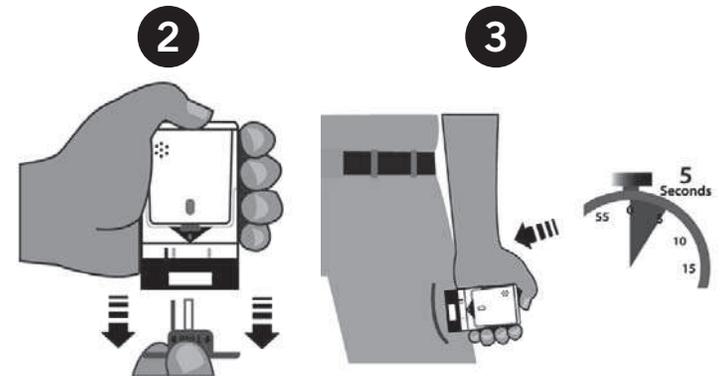
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

