

LOS ANGELES UNIFIED SCHOOL DISTRICT
District Nursing Services

STUDENT EMERGENCY CARE PLAN
School Year _____

Name _____, _____ Grade/Track _____ DOB _____ School _____
Last First

Completed by _____ School Nurse _____ Date _____ Teacher (Homeroom) _____

Emergency contact:

Mother/Guardian _____ Work Phone _____ Home Phone _____ Cell _____
Father/Guardian _____ Work Phone _____ Home Phone _____ Cell _____
Other _____ Work Phone _____ Home Phone _____ Cell _____
Physician _____ Phone _____

DIAGNOSIS/CONDITION: **ANAPHYLAXIS OR EXTREME ALLERGY TO** _____

DO NOT WAIT FOR SYMPTOMS

In the event of exposure to allergen _____
Signs of emergency: hives, itching, swelling, difficulty breathing and/or cyanosis (bluish color)

IN PRIORITY ORDER:

- A. Administer physician prescribed medication immediately _____
 Student self administers then reports to trained personnel.
 - Location of medication and supplies _____
 Student self carries _____
 - Trained personnel _____, _____, _____
- B. Call paramedics (911)
- C. Make student comfortable, calm, and quiet and give nothing by mouth.
- D. For insect sting, scrape stinger if still present (do not squeeze). Apply cold compress to affected site.
- E. Notify parent.
- F. Note time of injection(s). If trained, check vital signs (keep record for paramedics).
- G. Document on Medication Record and Injury/Accident Investigation Report.
- H. May repeat with 2nd dose in _____ minutes, if ordered by physician (if paramedics have not yet arrived).

Plan reviewed by Parent/Guardian _____ Date _____
Parent Signature