

LOS ANGELES UNIFIED SCHOOL DISTRICT
District Nursing Services
STUDENT EMERGENCY CARE PLAN
School Year _____

Name _____, _____ Grade/Track _____ Student ID _____ School _____
Last First

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

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, tingling, swelling of lips, tongue or mouth, tightening of throat, hoarseness, or change of voice, hacking or repetitive cough, shortness of breath, wheezing, chest pain/tightness, weak or thread pulse, itching or burning, hives, swelling of face or extremities, localized or general body swelling, anxiety, red/itchy watery eyes and excessive sneezing,

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. Give nothing by mouth.
- D. For insect stings, scrape stinger if still present (do not squeeze). Apply cold compress to affected site.
- E. Notify School Nurse, parent, and site administrator.
- F. Note time of injection(s). If trained, check vital signs (keep record for paramedics).
- G. Document on Welligent and iSTAR.
- H. Give expended Epinephrine auto-injector to paramedics.

Plan reviewed by Parent/Guardian _____ Date _____
Parent Signature