

ALLERGY CARE PLAN (as of 16 Feb 08)
 Child Youth Services –IMCOM WEST
 (Must be completed by a licensed health professional)

CHILD'S NAME:	LIFE- THREATENING ALLERGY to:
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Sponsor's Name:	Non Life-Threatening allergy to:
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CYS Program:	Birth Date:	Specific allergy symptoms:
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Treatment for Allergies:

- Benadryl Dosage: _____
 EpiPen (0.3 mg) or EpiPen Jr. (0.15 mg) (check one)

NOTE: For children requiring rescue medication, the medication is required to be at program at all times while child is in care.

For youth who self-medicate and carry their own medications, medication must be with the youth at all times. The option of storing "back up" rescue medications at program is available.

Treatment for MILD Allergic Reaction

Mild Symptoms	Treatment	Call 911 if:
Several Hives Itchy Skin Swelling at the site of an insect sting	Administer Benadryl, if ordered above. Side Effects: <input type="checkbox"/>	Symptoms continue to worsen after initial treatment.
	Contact parent/guardian or emergency contact person.	Child develops symptoms of a life-threatening allergic reaction as listed below.
	Calm the child. Keep child under observation until the parent arrives.	

Treatment for LIFE-THREATENING Allergic Reaction


Life-Threatening Symptoms	Treatment
Hives spreading over the body Wheezing Difficulty swallowing Difficulty breathing Swollen face or neck Tingling or swollen tongue Vomiting Extreme paleness or gray colored skin Child stops playing and can not start activity again Child has difficulty walking or talking.	Administer EpiPen or EpiPen Jr., if ordered above and call 911 for further instructions. Side Effects: Rapid heart beat, <input type="checkbox"/>
	<ul style="list-style-type: none"> ◆ Contact the parent/guardian or emergency contact person. ◆ CYS staff should accompany the child to the emergency room if the parent/guardian or emergency contact is unavailable. ◆ After 911, parents, and program director have been informed, inform the Army Public Health Nurse.

THIS FORM HAS REVERSE SIDE


Allergy Care Plan – Part 2

EpiPen Instructions


How to give EpiPen® or EpiPen® Jr




1
Form fist around EpiPen® and pull off grey cap.



2
Place black end against outer mid-thigh. Support the child.



3
Push down HARD until a click is heard or felt and hold in place for 10 seconds.



4
Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

INDIVIDUAL CONSIDERATIONS:

Field Trip Procedures – Rescue meds should accompany child during any off –site activities.

- ♦ The child should remain with staff or parent/guardian during the entire field trip Yes No
- ♦ Staff members on trip must be trained regarding rescue meds use and this health care plan (plan must be taken).
- ♦ Other (specify) _____

Self- Medication- for School Age/Youth

YES, Youth can self-medicate. I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self administer his/her medication. Youth has been instructed not to share medications and should youth violate these restrictions the privilege of self-medicating will be revoked and the youth's parents notified. Youth are required to notify staff when carrying medication.

OR

NO, It is my professional opinion that _____ SHOULD NOT carry or self administer his/her medication.

Bus –Transportation should be alerted to child's allergy

- ♦ This child carries rescue meds on the bus Yes No
- ♦ Rescue meds can be found in: Backpack Waistpack On Person Other (specify) _____
- ♦ Child will sit at front of the bus Yes No
- ♦ Other (specify) _____

Sports Events

Parents are responsible for having rescue medication on hand and administering it when necessary when the child is participating in any CYS sports activity. Volunteer coaches do not administer medications.

Parental Permission/Consent: Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child must have required medication with him/her at all times while in attendance at CYS programs.

Youth Statement of Understanding: I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, the privilege of self-medicating will be revoked and my parents notified. I am also required to notify staff when carrying medication.

Type or Print Name of Parent/Guardian	Parent Signature
Type or Print Name of Youth (if given permission to self-medicate)	Youth Signature
Licensed Health Care Professional Stamp/Typed Name	Licensed Health Care Professional Signature/ DATE

This care plan should be reviewed annually.