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HEAD START TEMPORARY INDIVIDUALIZED HEALTH CARE PLAN FOR ANAPHYLAXIS

Child's Name	DOB
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Diagnosis _____Center _____Teacher_____

HEALTH CARE PLAN FOR CENTER/FCCH:

Until a physician confirms the need for an Epi-pen and/or diphenhydramine, all consent forms signed, and medication is brought to the FCCH/Center, staff to follow the instructions below:

If symptoms of anaphylaxis present, call 911. When in doubt, CALL 911.

- 1. Stay calm and reassure child to reduce the distribution of allergen in the body.
- 2. Have another staff member notify parent that 911 has been activated.
- 3. Signs and symptoms of anaphylaxis :
 - Mouth: itching, tingling or swelling of lips, tongue, mouth that usually occurs in 5-10 minutes after exposure to an allergen.
 - Skin: Itching or burning, hives, rash, swelling of face or extremities, and/or flushing that can occur up to two hours after exposure.
 - Stomach: Nausea, abdominal cramps, vomiting, or diarrhea.
 - Throat: Tightening of throat, hoarseness, change in voice, hacking or repetitive cough.
 - Lungs: Shortness of breath, wheezing, chest pain/tightness, nasal flaring, or complaints of inability to "catch breath."
 - Heart: Weak or thready pulse, low blood pressure, paleness, bluish coloring
 - Other: weakness, dizziness, fainting, unconsciousness, localized or general
 - body swelling, anxiety, red/itchy/watery eyes, sneezing, nasal congestion
- 4. While waiting for paramedics to arrive, stay with child and observe for signs of shock.
 - Verify that 911 has been called.
 - Cover child with blanket as needed to maintain body temp/prevent shock.
 - Monitor breathing and provide CPR if needed.
- 5. Send Emergency Card with paramedics if parent not present. Staff to accompany child to ER if paramedics allow and remain until parent arrives.

I have read this plan and am in agreement:

Health Staff (Signature)	(Date)	
Parent/Guardian (Signature)	(Date)	

Distribution: White - Teacher Pink - Child's Health File Yellow - Parent