

Child Health Plan and Provider Orders Form - Non-Food Allergies

Center: _____ Early Head Start Head Start ECEAP

Child's Name: _____ DOB: _____ Gender: M / F

Parent/Guardian: _____ Phone: (H) _____ (C) _____

Specific Allergy: _____

Which of the following symptoms occur after exposure?

- Hives Rash Itching Swelling Redness Tingling Nausea
 Vomiting Diarrhea Stomach pain Gas Bloating Other: _____

Give detailed description: _____

Call 911, then call parent/guardian for any of the following symptoms:

- Mouth: itching, tingling or swelling of the lips, tongue or mouth
- Throat: swelling, sense of tightness in the throat, hoarseness, a hacking cough, trouble swallowing or talking
- Skin: very warm or cold to the touch, pale, blue or gray, sweating
- Gut: nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea more than twice
- Lungs: difficulty breathing, shortness of breath, repetitive coughing, and/or wheezing
- Heart: racing and/or weak pulse, dizziness, fainting or unconsciousness, complaints of chest pain
- Other: feelings of anxiety or fear, sudden fatigue, chills, headache, and/or confusion after giving medication

Anaphalaxis action plan

- IF PRESCRIBED BY A PROVIDER, ADMINISTER EPINEPHRINE AS ORDERED (Epi-pen Jr., Auvi-Q, Twinject)
- CALL 911 IMMEDIATELY! 911 must be called WHENEVER an EPINEPHRINE AUTO-INJECTOR is administered
- A CPR TRAINED ADULT must remain with child at the location where symptoms began until EMS arrives
- DO NOT HESITATE to administer EPINEPHRINE or call 911 even if the parents cannot be reached
- Advise 911 that child is having a severe allergic reaction and the Epinephrine is being administered
- A CPR trained adult must stay with child at all times, monitor services, and begin CPR if necessary
- Call School Nurse or Health Office per your school district policy
- Give used EPINEPHRINE AUTO-INJECTOR to EMS along with a copy of the *Child Health Plan*

Is medication(s) taken at home? Yes No (list): _____

Is medication(s) needed while at school? Yes No (If YES, refer to Provider order's)

Is medication(s) needed during transport to/from school? Yes No

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No medication is required at school (please sign below if you agree with this CHP).

Health Care Provider Orders for Medication at School

Important notice to Provider:

Please ensure this child has a prescription on file with the pharmacy that matches the orders below. **Our policy requires Health Care Provider Orders and medication labels to match exactly.**

1) Medication Name

2) Symptoms for medication use

3) Dose

4) Frequency & Length of time between doses

5) Route

6) Possible side effects of medication

7) Special administration and/or storage instructions

8) If PRN, specify Start date: _____ **and** End date: _____

Health Care Provider's Signature

Date

Print name

Phone #

Fax #

Parent/Guardian Signature

Date

Interpreter Signature

Date

Reviewed by: Health or Nutrition Coordinator / Nurse Consultant

Date

ITE/Teacher Date

ITP/Assistant Date

FA/FE/FSF/HV Date

Dir/C Coor Date