

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____ **Group:** _____ **Bus :** _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Tamarak Care Plan for Severe Allergy – Part 2

Individual Considerations for _____

Camper Name

Location(s) where Epi-pen/Rescue medications is/are stored:

- Office
- Bus

Bus – Bus counselors will be alerted to camper’s allergy.

- ◆ This camper carries Epi-pen on the bus No Yes. Counselor: _____
 - ◆ Epi-pen should be handed to the counselor upon camper boarding the bus.

Field Trip Procedures – Epi-pen & allergy plan will accompany camper during any off campus activities.

- ◆ The camper should remain with the unit leader during the entire field trip Yes No
- ◆ Other _____

FOOD at CAMP

- Camper will sit at a specified allergy table (camp lunch only). Other: _____
- NO Restrictions.**

Guidelines for safe food choices:

- Only food provided by parent will be permitted.
- Camp birthday treats provided by Tamarak and approved by parent:
 - 1. Popsicles 2. Oreo cookies 3. Birthday cake Oreo cookies

EMERGENCY CONTACTS

Parent #1:	Parent #2:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

ADDITIONAL EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:

Parent signature gives permission for camp staff, that have been medication trained by the nurse, to administer prescribed medicine and gives permission to contact physician, if necessary.

Parent/Guardian Signature Date

Camp Nurse Signature Date

A copy of the Tamarak Care Plan for Severe Allergy will be kept in the nurse’s office and available to all staff members who are involved with the camper.