

Camper Name: _____

Session(s): _____

IPOC - Individual Plan of Care

ANAPHYLAXIS/ALLERGIES

Camper's Allergy(s):

IPOCs are specialized care plans that provide direction to staff on how to prevent and treat campers with medical conditions or disabilities. Please provide as much information as possible on your camper that will help us provide the care needed. Please contact us with any questions or concerns.

Action Plan for Mild to Moderate Reaction

Observe For Common Symptoms Mild/Moderate:

- Swelling of lips, face, eyes, or tingling of mouth
- Hives or welts
- Mild abdominal pain
- List any other symptoms common in mild to moderate reaction for your child:

Take Action:

1. Stay with camper and call for help
2. Administer medication:

3. Notify health center staff
4. Locate EpiPen and ensure EpiPen is in reach

Action Plan for Anaphylaxis Reaction (SEVERE Reaction)

Observe For Common Symptoms in Anaphylactic Emergency:

- Difficult/noisy breathing, wheezing or persistent cough
- Swelling of tongue or swelling/tightness in throat
- Severe vomiting or diarrhea
- Loss of consciousness and/or collapse
- Feeling of doom
- List any other anaphylactic symptoms common for your child:

Take Action:

1. Administer EpiPen
2. Call 911 and notify health center staff (if not done already)
3. Lay camper flat, elevate legs - if breathing is an issue, have camper sit up but do not stand
4. Administer additional doses of EpiPen (after 5 minutes)

REACTION HISTORY

Date of Last Reaction: _____

Notes on Last Reaction:

ADDITIONAL NOTES

SIGNATURES

Parent(s): _____ Date: _____

RN: _____ Date: _____

NA: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____