

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
CYS SERVICES ALLERGY MEDICAL ACTION PLAN**

PROOF

For use of this form, see AR 608-75; the proponent agency is ACSIM.
(To be completed by a licensed Healthcare Provider)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth's Name	Date of Birth	Date	Sponsor Name
Sponsor/Guardian Phone Number	Health Care Provider	Health Care Provider Phone Number	

MEDICATION/TREATMENT PLAN

Allergies:	Symptoms:	Medication (as directed on prescription label):
		Can Self-Carry: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Self-Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:	Symptoms:	Medication (as directed on prescription label):
		May administer second dose of Epinephrine after (15 or less) ___ minutes if symptoms worsen or do not resolve. Can Self-Carry: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Self-Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:	Symptoms:	Medication (as directed on prescription label):
		Can Self-Carry: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Self-Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTIFICATION/CONSENT

Parent's signature gives permission for CYS Services personnel who have been trained in medication administration by the APHN/CYS Services Nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS Services programs and must be approved by a licensed health care provider to self-medicate. My child/youth has been instructed on the proper way to use his/her medication. S/he understands not to share medications. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). If these guidelines are violated, CYS Services privileges may be restricted or revoked. Rescue medication must be on hand during all CYS Services Programs. **CYS Services staff/providers are to notify parent/guardian immediately if medication is given.**

I agree with the plan outlined above.

Name of Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)
Name of Youth (if applicable)	Youth Signature (if applicable)	Date (YYYYMMDD)
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
Name of Army Public Health Nurse	Army Public Nurse Signature	Date (YYYYMMDD)

FOLLOW-UP

This Medical Action Plan must be updated/revised whenever medications and/or the health status of the child/youth changes. The Medical Action Plan must be updated every 12 months.

Child/Youth's Name

ALLERGY MEDICAL ACTION PLAN - ADDITIONAL CONSIDERATIONS

EMERGENCY RESPONSE

- Administer rescue medication as prescribed
- Stay with child/youth
- Contact parents/guardian

1) Administer 2nd dose of epinephrine after 5-15 minutes if symptoms worsen or do not resolve
2) Administer further doses of epinephrine only under supervision of medical personnel

IF THIS HAPPENS 
GET EMERGENCY HELP

NOW!

**CALL 112/Emergency
 Medical Services**

- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

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.

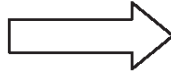
For **SEVERE SYMPTOMS**

One or more of the following:

LUNG: Short of breath, wheezing, repetitive coughing
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tightness, hoarseness, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Numerous hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (i.e. eyes, lips)
 STOMACH: Vomiting, cramping



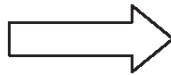
1. **INJECT EPINEPHRINE IMMEDIATELY**

2. Call 112 or Emergency Medical Services
3. Begin monitoring
4. Give additional medications as ordered by a licensed medical provider:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).
USE EPINEPHRINE

MILD SYMPTOMS and/or triggers

MOUTH: Itchy mouth/Tingling
 SKIN: A few hives around mouth/face, mild itch
 STOMACH: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE** and/or BRONCHODILATORS

2. Notify Parent to come pick up child.
3. Stay with child, monitor continuously for severe symptoms.

USE EPINEPHRINE if symptoms become SEVERE
 (see above)

MEDICATIONS

For a child/youth requiring rescue medication, the medication is required to be at program site at all times while child/youth is in care. Child/youth without prescribed rescue medication are not permitted to participate in program. For youth who self-carry and administer their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

FIELD TRIP PROCEDURES

Rescue medications must accompany child/youth during all Child, Youth and School Services Programs

Staff members on trip must be trained on rescue medication use and this health care plan.

This plan must accompany the child/youth on the field trip.