

YMCA Camp Woodstock

Individual Plan of Care for a Child  
With Special Health Care Needs  
or Disabilities

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special health care need or disability: Anaphylaxis Reaction to:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp. Our protocol at camp is as follows:

**MILD**

Mild symptoms consist of: itchy or runny nose, sneezing, itchy mouth, a few hives, mild itch, mild nausea or discomfort

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM, THE FOLLOWING ACTIONS WILL BE TAKEN:

1. Antihistamines may be given per standing orders.
2. Stay with the person; alert emergency contacts/services.
3. Watch closely for changes. If symptoms worsen, give epinephrine/epi-pen.

FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM AREA, EPINEPHRINE IS GIVEN.

**SEVERE**

Severe symptoms consist of: Shortness of breath, wheezing, repetitive cough, Pale or bluish skin, faintness, weak pulse, dizziness, tight or hoarse throat, trouble breathing or swallowing, Significant swelling of the tongue or lips, Many hives over body, widespread redness, Repetitive vomiting, severe diarrhea, Feeling something bad is about to happen, anxiety, confusion, or a combination of symptoms from different body areas.

FOR SEVERE SYMPTOMS FROM A SINGLE OR MULTIPLE BODY SYSTEMS, THE FOLLOWING ACTIONS WILL BE TAKEN:

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911
  - Consider giving additional medications following epinephrine: » Antihistamine » Nebulizer treatment (bronchodilator) if wheezing
  - 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/emergency services.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

A director will be notified immediately of the situation at hand. Other campers will be cleared of the area/room. Camper will be brought/moved to an area where it is safe to continue medical care.

Signature(s) of the Parent(s):

Date Signed:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_