

Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> **(To be determined by physician authorizing treatment)
<ul style="list-style-type: none"> • If a food allergen has been ingested, but <i>no symptoms</i>: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Mouth - Itching, tingling, or swelling of lips, tongue, mouth 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Skin - Hives, itchy rash, swelling of the face or extremities 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Gut - Nausea, abdominal cramps, vomiting, diarrhea 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Throat† - Tightening of throat, hoarseness, hacking cough 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Lung† - Shortness of breath, repetitive coughing, wheezing 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Heart† - Thready pulse, low blood pressure, fainting, pale, blueness 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> • Other† - _____ 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
†Potentially life-threatening. The severity of symptoms can quickly change. <input type="checkbox"/> If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

IMPORTANT:

Asthma inhalers and/or oral antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call student's Dr. _____ at _____.
3. Emergency contacts:
 Name and Relationship _____ Phone Number(s) _____
 a. _____ 1.) _____ 2.) _____
 b. _____ 1.) _____ 2.) _____
 c. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____
 Doctor's Signature _____ Date _____
 (Highly Recommended)

Once EpiPen is used, call 911. Send the used EpiPen with student to the Emergency Room.
 Student and family should plan to stay for observation at the ER for at least 4 hours.