

ALLERGY ACTION PLAN

Student _____

DOB _____ Teacher _____

Allergy to _____

Asthmatic? Yes* No *Higher risk for severe reaction

STEP 1 - TREATMENT

SEND STUDENT TO HEALTH OFFICE ACCOMPANIED BY RESPONSIBLE PERSON.

The severity of symptoms can quickly change. †Potentially life threatening.

Symptoms

Give checked Medication**

***To be determined by physician authorizing treatment*

- | | |
|---|---|
| <input type="checkbox"/> If a student has been exposed to/ingested an allergen but has NO symptoms: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Mouth Itching, tingling, or swelling of lips, tongue, mouth: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Skin Hives, itchy rash, swelling of the face or extremities: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Gut Nausea, abdominal cramps, vomiting, diarrhea: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Throat† Tightening of throat, hoarseness, hacking cough: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Lung† Shortness of breath, repetitive coughing, wheezing: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Heart† Thready pulse, low blood pressure, fainting, pale, blueness: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Other† _____: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> If reaction is progressing, (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

Epinephrine: Inject intramuscularly.

- EpiPen
- EpiPen® Jr.
- Twinject 0.3mg
- Twinject 0.15mg

Antihistamine: Give

_____ *antihistamine/dose/route*

Other: Give

_____ *medication/dose/route*

Special Instructions (for health care provider to complete): _____

STEP 2 - EMERGENCY CALLS

PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN. EPIPEN OR TWINJECT ONLY LAST 15-20 MINUTES.

1. Call 911 State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents _____ Phone: _____

3. Physician _____ Phone: _____