

## Allergy & Anaphylaxis Action Plan

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_



**ALLERGY TO:** \_\_\_\_\_

History: \_\_\_\_\_

Asthma:  YES  NO \*Higher risk for severe reaction

### ◇ STEP 1: TREATMENT

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➤ Suspected ingestion or sting, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort		<input type="checkbox"/> Antihistamine
MOUTH Itching, tingling, or mild swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
SKIN: Flushing, hives, itchy rash	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
STOMACH Nausea, abdominal pain or cramping, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ THROAT Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ LUNG Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ HEART Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

‡ Potentially life threatening: give epinephrine first, then can give antihistamine!  
Remember - severity of symptoms can quickly change!

**DOSAGE**

**Epinephrine:** inject intramuscularly (check one):

- EpiPen® 0.3 mg     EpiPen® Jr. 0.15 mg  
 Administer 2<sup>nd</sup> dose if symptoms do not improve in 15 – 20 minutes

**Antihistamine:** give \_\_\_\_\_  
(medication/dose/route)

\*\*\*\*ATTENTION BASE..If Antihistamine given during BASE, the parents will be notified to pick up their child for closer observation!

**Asthma Rescue (if asthmatic):** give \_\_\_\_\_  
(medication/dose/route)

Student has been instructed and is capable of self administering own medication.  Yes  No

Provider (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child. **This Health Care Plan will be effective for one school year.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency contacts: Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

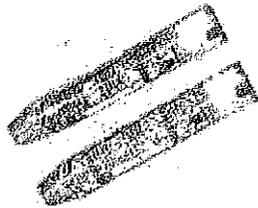
b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS**

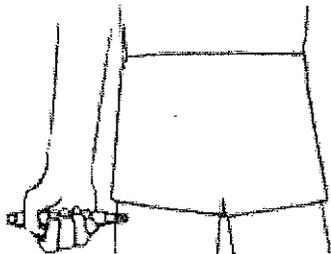
**EpiPen® and EpiPen® Jr. Directions**

Expiration date: \_\_\_\_\_

- Pull off blue activation cap.



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

- Room \_\_\_\_\_
- Room \_\_\_\_\_
- Room \_\_\_\_\_
- Room \_\_\_\_\_

Self-carry contract on file.  Yes  No

Medication located in: \_\_\_\_\_

**Once EpiPen is used, call 911. Student should remain lying down.**

Additional information: \_\_\_\_\_