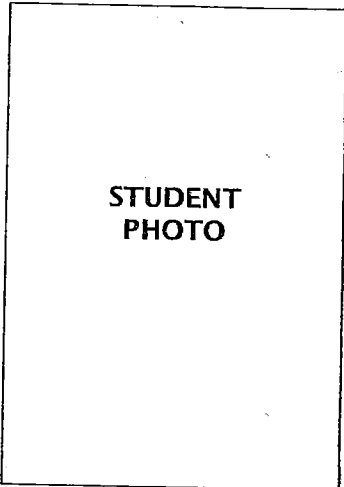


# ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN



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

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

### Give Checked Medication\*\*

*\*\*To be determined by physician authorizing treatment*

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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**DOSAGE** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

**Epinephrine:** Inject intramuscularly. See reverse side for instructions.

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

**Important:** *Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine in anaphylaxis.*

**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 (or Rescue Squad \_\_\_\_\_). 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 \_\_\_\_\_ Tel \_\_\_\_\_
3. Physician \_\_\_\_\_ Tel \_\_\_\_\_

**EMERGENCY CONTACTS**

1. \_\_\_\_\_  
 Tel: \_\_\_\_\_

2. \_\_\_\_\_  
 Tel: \_\_\_\_\_

3. \_\_\_\_\_  
 Tel: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_

2. \_\_\_\_\_

Room: \_\_\_\_\_

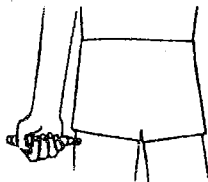
Room: \_\_\_\_\_

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

- Pull off gray activation cap.



- Hold black 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.

**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**

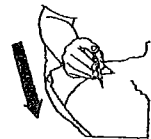


- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**  
 If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



**For children with multiple food allergies, use one form for each food.**

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required)