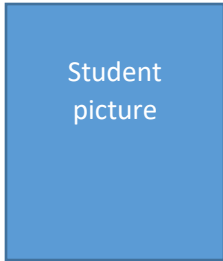


Allergy Action Plan

USE 1 FORM PER CHILD FOR EACH ALLERGEN



Student _____ DOB _____

Allergy to _____ Teacher/Grade _____

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.

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

MEDICATION: START DATE _____

END DATE _____

Epinephrine: Inject intramuscularly.

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

_____ Epinephrine Auto injector **0.3mg**

_____ Epinephrine Auto injector **0.15mg**

Antihistamine: Give _____
antihistamine/dose/route

Other: Give _____
medication/dose/route

Parent/Guardian Signature _____ **Date** _____

Prescriber Name _____ **Phone** _____

Prescriber Signature _____ **Date** _____

STEP 2 - EMERGENCY CALLS

PARAMEDICS (911) MUST BE CALLED IF EIPEN OR AUVI-Q IS GIVEN. EIPEN OR AUVI-Q ONLY LAST 15-20 MINUTES. Call 911. State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Auvi-Q) and that additional epinephrine may be needed. Always send empty autoinjector to ER with student. Contact Parent/Guardian.

EVEN IF PARENT/GUARDIAN IS UNAVAILABLE, DO NOT HESITATE TO MEDICATE CHILD & CALL 911

EMERGENCY CONTACTS: Name _____ Relationship _____ Telephone number _____
