ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

Student _____ School _____

DOB _____ Teacher/Grade _____

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*

- ♦ If a student has been exposed to/ingested an allergen but has NO symptoms: ☐ Epinephrine ☐ Antihistamine
- ♦ Mouth Itching, tingling, or swelling of lips, tongue, mouth: ☐ Epinephrine ☐ Antihistamine
- ♦ Skin Hives, itchy rash, swelling of the face or extremities: ☐ Epinephrine ☐ Antihistamine
- ♦ Gut Nausea, abdominal cramps, vomiting, diarrhea: ☐ Epinephrine ☐ Antihistamine
- ♦ Throat† Tightening of throat, hoarseness, hacking cough: ☐ Epinephrine ☐ Antihistamine
- ♦ Lung† Shortness of breath, repetitive coughing, wheezing: ☐ Epinephrine ☐ Antihistamine
- ♦ Heart† 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 Autoinjector **0.3mg**

☐ Epinephrine Autoinjector **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 EPIPEN OR AUVI-Q IS GIVEN. EPIPEN 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
1.			
2.			

****** Form on Page 2 to be completed ONLY if student will be carrying an Epinephrine Autoinjector ******