

# ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

Student \_\_\_\_\_

DOB \_\_\_\_\_ Teacher \_\_\_\_\_

Allergy to \_\_\_\_\_

Asthmatic?  Yes\*  No \*Higher risk for severe reaction

STUDENT  
PHOTO

## 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

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 BETWEEN 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 \_\_\_\_\_