

Allergy Action Plan

Student:

DOB:

Teacher

Allergy to:

Asthmatic? Yes No If yes, higher risk for severe reaction

◆ Step 1: TREATMENTS

Symptoms:

If allergy reaction occurs but *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 * Weak or thread pulse, low blood pressure, fainting, pale, blueness

Other *

Give Checked Medication (to be determined by physician authorizing treatment)

Epinephrine Antihistimine

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Epinephrine Antihistimine

If reaction is progressing (several of the above areas affected), give:

Epinephrine Antihistimine

**Potentially life-threatening.* The severity of the symptoms can quickly change.

DOSAGE:

Epinephrine, inject intramuscularly (check one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg D Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Step 2: EMERGENCY CALLS

Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

Dr. _____ Phone _____

Parent _____ Phone _____

Emergency contacts (name/relationship)

a. _____ Phone _____

b. _____ Phone _____

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

I approve the above Emergency Care Plan and request school personnel to follow the above plan in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes or if there is a change or cancellation of this Emergency Care Plan.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the School Board, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above Emergency Care Plan from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above Emergency Care Plan.

Parent/guardian signature _____

Date _____

Address _____

Doctor Signature _____

Date _____

required

TRAINED STAFF MEMBERS

1. _____ Room _____

2. _____ Room _____

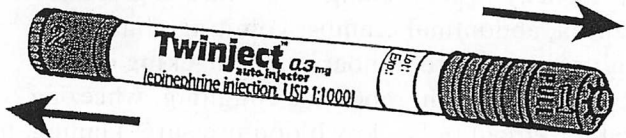
3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions



- Hold black tip near outer thigh (always apply to thigh).
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- 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



- Remove caps labeled "1" and "2."
 - Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
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SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
 - Slide yellow collar off plunger.
 - Put needle into thigh through skin, push plunger down all the way, and remove.
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Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

