

Allergy/Anaphylaxis Action Plan
Physicians Orders

Student's Name: _____ DOB: _____ School _____
Teacher _____ Grade _____

ALLERGY TO: _____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction with Asthma

<u>Symptoms</u>	<u>** (To be determined by physician authorizing treatment) Give Checked Medications**</u>	
<input type="checkbox"/> If exposed to food allergen or insect sting , but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Mouth itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Skin hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Gut nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Throat tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Lung shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Heart weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> Other	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine
<input type="checkbox"/> If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistimine

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(Call 911 right away if epinephrine is given) **Preferred Hospital** _____

Antihistamine: give _____
Medication, dose./route

Other: give _____
Medication, dose route

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

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR Call 911

Doctors Name _____ Phone # _____

Emergency contact name: _____ Phone # _____

Parent name _____ Phone # _____

Parent/ Guardian's Signature _____ Date _____

Doctor's Signature (Required) _____ Date _____