

### Allergy Action Plan

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_



**ALLERGIC TO THESE ALLERGENS:** \_\_\_\_\_

- Has Asthma** (increases risk for severe reaction)
- Severe Allergy previously/suspected—Immediately give epinephrine & call 911**— Start with Steps 2 & 3
- Mild Allergy** – Itching, rash, hives – **Give antihistamine, call school nurse and parent. Start with Step 1**

▶ **STEP 1: IDENTIFICATION OF SYMPTOMS\*** ◀ \* Send for immediate adult assistance

Symptoms:

Type of Medication to Give:

(Determined by physician authorizing treatment)

- |  |   |   |
|--|---|---|
| ➤ If exposed to allergen, or allergen ingested, but <b>no symptoms</b> .....               | <input type="checkbox"/> <b>Epinephrine</b>           | <input type="checkbox"/> <b>Antihistamine</b> |
| ➤ <b>Mouth</b> – Itching, tingling, or swelling of lips, tongue, mouth .....               | <input type="checkbox"/> <b>Epinephrine</b>           | <input type="checkbox"/> <b>Antihistamine</b> |
| ➤ <b>Skin</b> – Hives, itchy rash, swelling of the face or extremities .....               | <input type="checkbox"/> <b>Epinephrine</b>           | <input type="checkbox"/> <b>Antihistamine</b> |
| ➤ <b>Gut</b> – Nausea, abdominal cramps, vomiting, diarrhea .....                          | <input type="checkbox"/> <b>Epinephrine</b>           | <input type="checkbox"/> <b>Antihistamine</b> |
| ➤ <b>Throat</b> – Tightening of throat, hoarseness, hacking cough .....                    | <input type="checkbox"/> <b>Epinephrine</b>           | <input type="checkbox"/> <b>Antihistamine</b> |
| ➤ <b>Lung**</b> – Shortness of breath, repetitive coughing, wheezing .....                 | <input type="checkbox"/> <b>Epinephrine: Call 911</b> |   |
| ➤ <b>Heart**</b> – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P. . | <input type="checkbox"/> <b>Epinephrine: Call 911</b> |   |
| ➤ <b>Other**</b> – _____   | <input type="checkbox"/> <b>Epinephrine: Call 911</b> |   |
| ➤ If reaction is progressing (several of the above areas affected) give .....              | <input type="checkbox"/> <b>Epinephrine: Call 911</b> |   |

\*\* Potentially life-threatening. – Note: The severity of symptoms can quickly change.

▶ **STEP 2: GIVE MEDICATIONS** ◀

**Epinephrine:** inject intramuscularly (check one)  EpiPen®  EpiPen Jr®

- **If Epinephrine is given, paramedics must be called! PROCEED TO STEP 3 BELOW.**

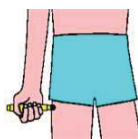
**Antihistamine/other:** give \_\_\_\_\_ (Medication name & amount) by \_\_\_\_\_ (route/method)

- **Notify** parents and school nurse • **Observe** for increasing severity of symptoms • **Call 911** as needed

**IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.**

EpiPen Directions:

- a. Pull off the GRAY Safety Cap
- b. Place BLACK TIP near OUTER-UPPER THIGH
- c. Swing and jab firmly until hearing or feeling a click
- d. Hold EpiPen in place **10 SECONDS**, remove, massage area
- e. Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
  - The individual may feel his/her heart pounding.
    - This is a normal reaction to the medication.

▶ **STEP 3: EMERGENCY CALLS** ◀

1. **CALL 911** – *Seek emergency care.* State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact Names:	Relationship:	Phone Number(s):
a. _____	1.) _____	2.) ( ) _____ ( ) _____
b. _____	1.) _____	2.) ( ) _____ ( ) _____

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

Physician completes form through Step 2

Physician Name (Printed) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required)