ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

STUDENT PHOTO

Student _____

DOB _____ Teacher _____

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

DOSAGE **START DATE** _____ **END DATE** _____

Epinephrine: Inject intramuscularly. See reverse side for instructions.

Important: *Ashma inhalers and/or antihistamines cannot be depended upon to replace epinephrine in anaphylaxis.*

❒ EpiPen®

❒ EpiPen® Jr.

❒ Twinject 0.3mg

❒ Twinject 0.15mg

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 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 _____

EMERGENCY CONTACTS

1. _____ Relation: _____
   Tel: _____
2. _____ Relation: _____
   Tel: _____
3. _____ Relation: _____
   Tel: _____

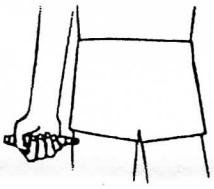
TRAINED STAFF MEMBERS

1. _____ Room: _____
2. _____ Room: _____

EpiPen® and EpiPen® Jr. Directions

- **Pull off gray activation cap.**

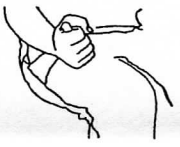
- **Hold black tip near outer thigh (always apply to thigh).**



- **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

- **Pull off green end cap, then red end cap.**
- **Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.**



<u>SECOND DOSE ADMINISTRATION</u>:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.**
- **Slide yellow or orange collar off plunger.**
- **Put needle into thigh through skin, push plunger down all the way, and remove.**

For children with multiple food allergies, use one form for each food.

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

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____
(Required)