

ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN



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

- ◆ If a student has been exposed to/ingested an allergen but has 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† Thready pulse, low blood pressure, fainting, pale, blueness:
- ◆ Other† _____ :
- ◆ If reaction is progressing, (several of the above areas affected), give:

Give Checked Medication**

***To be determined by physician authorizing treatment*

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

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

Epinephrine: Inject intramuscularly. See reverse side for instructions.

Important: *Asthma 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

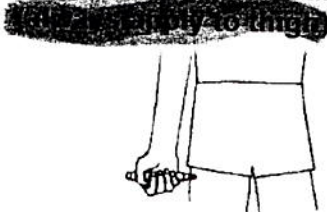
1. _____ Room: _____
2. _____ Room: _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip ~~near~~ **against** outer 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.



SECOND DOSE ADMINISTRATION:
 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)