

Allergy Action Plan

Student's Name: _____ **D.O.B:** _____

Allergy To: _____

Asthmatic: Yes* No *higher risk for severe reaction

◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	<u>Give Checked Medication</u>	
	**(To be determined by physician authorizing treatment)	
➤ If a food allergen has been ingested, but no symptoms:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Mouth Itching, tingling or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Other† _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

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

DOSAGE:

Epinephrine: inject intramuscularly (circle one)

EpiPen® EpiPen Jr.® Twinject 0.3mg® Twinject 0.15mg®

Antihistamine: give _____
Medication/Dose/Route

Other: give _____
Medication/Dose/Route

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Dr. _____ Phone Number: _____
(print name)
3. Parent _____ Phone Number: _____
4. Emergency Contacts:

Name/Relationship	Phone Numbers	
a. _____	1) _____ 2) _____	
b. _____	1) _____ 2) _____	

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

 Parent's Signature Date Doctor's Signature Date

TRAINED STAFF MEMBERS

1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

EpiPen® and EpiPen Jr.® Directions

- 1. Pull off gray safety cap**
- 2. Place black tip on outer thigh (always apply to thigh)**
- 3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15mg Directions

1. Remove caps labeled “1” and “2”.
2. Place rounded tip against outer thigh. Press down hard until needle penetrates. Hold for 10 seconds then remove.

SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

1. Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
2. Slide yellow collar off plunger.
3. Put needle into thigh through skin, push plunger down all the way, and remove.