

**Allergy & Anaphylaxis Action Plan**



Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Original/Effective Date: \_\_\_\_\_ Revised Date: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

History: \_\_\_\_\_

Asthma:  YES (Higher risk for severe reaction)  NO

◇ **STEP 1: TREATMENT**

**SYMPTOMS:**

**GIVE CHECKED MEDICATION(S)**

Suspected ingestion or sting, but *no symptoms*  Epinephrine  Antihistamine

MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort  Antihistamine

MOUTH Itching, tingling, or mild swelling of lips, tongue, mouth  Epinephrine  Antihistamine

SKIN: Flushing, hives, itchy rash  Epinephrine  Antihistamine

STOMACH Nausea, abdominal pain or cramping, vomiting, diarrhea  Epinephrine  Antihistamine

‡ THROAT Tightening of throat, hoarseness, hacking cough  Epinephrine  Antihistamine

‡ LUNG Shortness of breath, repetitive coughing, wheezing  Inhaler  Epinephrine  Antihistamine

‡ HEART Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin  Epinephrine  Antihistamine

If reaction is progressing (several of the above areas affected), give  Epinephrine  Antihistamine

‡ Potentially life threatening: give epinephrine first, then can give antihistamine!

Remember - severity of symptoms can quickly change!

**DOSAGE**

**Epinephrine:** inject intramuscularly using autoinjector (check one):  0.3 mg  0.15 mg

Administer 2<sup>nd</sup> dose if symptoms do not improve in 15 - 20 minutes

**Antihistamine:** give \_\_\_\_\_  
 (medication/dose/route)

**Asthma Rescue** (if asthmatic): give \_\_\_\_\_  
 (medication/dose/route)

Student has been instructed and is capable of self-administering own medication.  Yes  No

Provider (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

◇ **STEP 2: EMERGENCY CALLS** ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency contacts: Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS**

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by healthcare

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**TRAINED STAFF MEMBERS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- Room \_\_\_\_\_
- Room \_\_\_\_\_
- Room \_\_\_\_\_
- Room \_\_\_\_\_
- Room \_\_\_\_\_

Self-carry contract on file.  Yes  No

Medication located in: \_\_\_\_\_

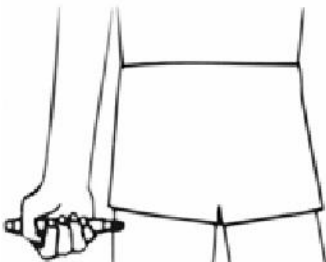
**EpiPen® and EpiPen® Jr. Directions**

Expiration date: \_\_\_\_\_

- Pull off blue activation cap.



- Hold orange 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**

Expiration date: \_\_\_\_\_

- Remove caps labeled "1" and "2."

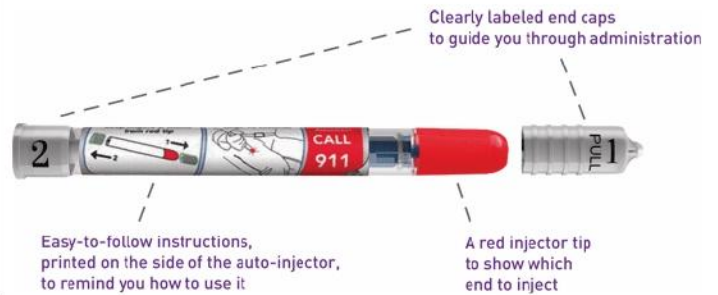


- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



**Adrenaclick 0.3 mg. and Adrenaclick 0.15 mg. Directions**

Expiration date: \_\_\_\_\_



**Once epinephrine is used, call 911. Student should remain lying down.**

Additional information: \_\_\_\_\_