

Allergy Action Plan

(Picture)

Student Name: _____ D.O.B. _____ Teacher: _____

ALLERGY TO: _____

Reaction occurs when Allergen is: Ingested Close Proximity Skin Contact Sting/Bite Other: _____
(Circle all that apply)

Asthmatic? Yes* (Higher risk for severe reaction) No

◀STEP 1 TREATMENT▶

<u>SYMPTOMS:</u>	<u>GIVE CHECKED MEDICATIONS**</u>	
	**(To be determined by physician authorizing treatment)	
If student has been exposed to allergen but <i>no symptoms</i> :	<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 Prescribed Epinephrine: EpiPen® EpiPen Jr.® Twinject® 0.3mg Twinject® 0.15mg

Antihistamine: Give: _____.

(medication/dose/route)

Other: Give: _____.

(medication/dose/route)

Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◀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: _____
3. Parent: _____ Phone Number: _____
4. Emergency Contacts:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

If Parent/Guardian cannot be reached, do not hesitate to medicate or take child to medical facility.

Parent/Guardian Signature _____ Date: _____

(Required)

Physician Signature: _____ Date: _____

(Required)

TRAINED STAFF MEMBERS

- 1. _____
- 2. _____
- 3. _____

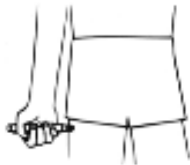
- Room _____
- Room _____
- Room _____

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



- Remove caps labeled "1" and "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:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



- Slide yellow collar off plunger.

- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

