

Allergy Action Plan

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

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

Give checked Medication**:

(To be determined by the physician authorizing treatment)

- | | | |
|--|---------------|-----------------|
| • If exposed to an allergen, but no symptoms: | ⊔ Epinephrine | ⊔ Antihistamine |
| • Mouth: Itching, tingling or swelling of lips, tongue, mouth | ⊔ Epinephrine | ⊔ Antihistamine |
| • Skin: Hives, itchy rash, swelling of 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 |

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

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg
(see reverse side for instructions)

Antihistamine: give _____

Medication/dose/route

Other: give _____

Medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____
3. Emergency contacts

Name/Relationship

Phone Number(s)

- | | | |
|----------|-----------|-----------|
| a. _____ | 1.) _____ | 2.) _____ |
| b. _____ | 1.) _____ | 2.) _____ |
| c. _____ | 1.) _____ | 2.) _____ |



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

Parent/Guardian Signature: _____

Date: _____

Doctor's Signature: _____

Date: _____

(Required)