

Severe (Anaphylactic) Allergy Action Plan



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

ALLERGY TO: _____

Asthmatic: Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

Epipen location: _____

Symptoms:

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

- | | | |
|---|--------------------------------------|--|
| ▪ If allergen exposure has been occurred, 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† 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 |

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

MEDICATION/DOSAGE:

- ✓ **Epinephrine:** inject intramuscularly (*circle one*) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg
- ✓ **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 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Parents _____ Phone Number(s) _____
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 MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____