Allergy Action Plan

Attach Student's Photo Here

Student:_____ **D.O.B:**_____ **Teacher:**_____ **School:**_____

ALLERGY TO: _____ **Past Reaction Type:** _____

Asthmatic ☐ Yes* ☐ No *Higher risk for severe reaction

STEP 1: TREATMENT

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

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

DOSAGE

Epinephrine: _____
Route to administer

☐ EpiPen 0.3mg ☐ EpiPen Jr. 0.15mg
☐ Twinject 0.3mg ☐ Twinject 0.15mg
☐ Auvi-Q 0.3mg ☐ Auvi-Q 0.15mg

Other medicine: _____

☐ Give a second epinephrine dose after_____minutes if no improvement and EMS has not arrived.

Antihistamine: _____
Medication / Dose / Route

Other Medication to administer: _____
Medication / Dose /Route / Reason for administration

STEP 2: EMERGENCY CALLS

1. **Call 911. Tell them that a child is having an allergic reaction and may need epinephrine when they arrive. After epinephrine has been given, lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.**
2. **Even if a parent/guardian cannot be reached, do not hesitate to medicate and have the student transported to the nearest medical facility. Transport to ER even if symptoms resolve.**

Parent/Guardian: _____/_____/_____/_____
Print **Signature** **Date** **Telephone Number**

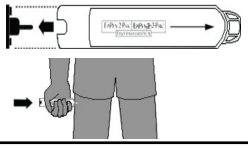
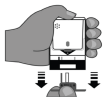
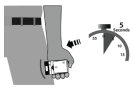
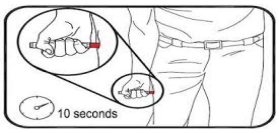
Physician_____/_____/_____/_____
Print **Signature** **Date** **Telephone Number**

Allergy Action Plan – *page 2*

EMERGENCY CONTACTS

	Name	Relationship	Number(s)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DIRECTIONS

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS	AUVI-QTM (EPINEPHRINE INJECTION, USP) DIRECTIONS	ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS
1. Remove the EpiPen Auto-Injector from the plastic carrying case. 2. Pull off the blue safety release cap. 3. Swing and firmly push orange tip against mid-outer thigh. 4. Hold for approximately 10 seconds. 5. Remove and massage the area for 10 seconds. 	1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions. 2. Pull off red safety guard. 3. Place black end against mid-outer thigh. 4. Press firmly and hold for 5 seconds. 5. Remove from thigh.  	1. Remove the outer case. 2. Remove grey caps labeled “1” and “2”. 3. Place red rounded tip against mid-outer thigh. 4. Press down hard until needle penetrates. 5. Hold for 10 seconds. Remove from thigh. 

SELF-ADMINISTRATION OF PRESCRIPTION ANAPHYLAXIS MEDICINE

(To be completed by the Authorizing Physician)

☐ It is my professional opinion that _____ (student’s name) ***should <u>NOT</u>*** be allowed to carry and self-administer any of his/her anaphylaxis medicine while on school property or at school related events.

☐ It is my professional opinion that _____ (student’s name) ***should*** be allowed to carry and self-administer _____ while on school property or at school-related events. I have instructed the student in the proper way to self-administer the anaphylaxis medicine. The student is knowledgeable about the medicine and how to administer it.

(To be completed by Parent/ Legal Guardian)

<u>APPLICABLE ONLY IF THE CRITERIA HAS BEEN IS MET TO SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE</u>

I give permission for my student to self-administer the prescribed medication listed above, in accordance with the physician’s order, while on school property or at a school-related event or activity. Self-administration must be done in compliance with the prescription and state law.

_____/_____/_____