

Allergy Action Plan - School Year 2016-2017

This form must be completed by a physician and signed by the parent annually.

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthmatic

Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**

MEDICATION & DOSAGE:

EPINEPHRINE: Inject intramuscularly: (circle one) Epinephrine dose **0.3mg** Epinephrine dose **0.15mg**
Epinephrine may be repeated in _____ minutes by School Nurse only.

ANTIHISTAMINE: Diphenhydramine PO: _____ mg other: _____

Check all that apply:

- ____ Student is **NOT** capable of self-administration
- ____ Student has been trained and **is capable of self-administration and may self-carry in school/school-sponsored events**
- ____ Student may carry and self administer one (1) prescribed, pre-measured dose of antihistamine.
- ____ Student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction and use of prescribed medication immediately.

PLEASE NOTE: In the absence of a school nurse, if available, a trained delegate will give 1st dose of epinephrine. Delegate MAY NOT administer antihistamine. IF NO NURSE OR DELEGATE, 911 WILL BE CALLED IMMEDIATELY.

Trained Delegate(s): *On Reverse Side*

Monitoring: *Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.*

Parent/Guardian Signature _____

Date _____

Healthcare Provider Signature/Stamp _____

Date _____

