

Student Picture here

Allergy Action Plan

Date _____

Student's Name: _____ D.O.B. _____ Grade or Home Room _____

Allergy to: _____ Asthmatic : Yes or No

***Step 1 -Treatment Plan - If life threatening signs and symptoms , activate the School's Medical Emergency Response Team after administering the appropriate medication.**

Symptoms: (+) indicates life threatening

**** Emergency Medication**

- * If exposed to allergen but no symptoms: _____ Epinephrine _____ Oral Benadryl other; _____
- * Mouth - Itching, tingling, or swelling of lips, tongue, mouth _____ Epinephrine _____ Oral Benadryl other; _____
- * Skin-Hives, itchy rash, swelling of the face or extremities _____ Epinephrine _____ Oral Benadryl other; _____
- * Gut -Nausea, abdominal cramps, vomiting ,diarrhea _____ Epinephrine _____ Oral Benadryl other; _____
- * Throat (+) Tightening of throat, hoarseness, hacking cough _____ Epinephrine _____ Oral Benadryl other; _____
- * Lung (+) Shortness of breath, repetitive coughing, wheezing _____ Epinephrine _____ Oral Benadryl other; _____
- * Heart (+) Weak or thready pulse, low blood pressure, fainting, pale, blueness _____ Epinephrine _____ Oral Benadryl other; _____
- * Other (+) _____ Epinephrine _____ Oral Benadryl other; _____
- * If reaction is progressing(+)(several of the above areas affected) give; _____ Epinephrine _____ Oral Benadryl other; _____

Circle one of the following: Student may carry EpiPen (Student instructed on proper use) or Student may not carry EpiPen .

*** Dosage**

Epinephrine : _____

Benadryl : _____ Other: _____

***Step 2 Emergency Calls - Even if parent/guardian cannot be reached, do not hesitate to medicate or take to emergency medical facility!**

1) Call 911, or ambulance. State that an allergic reaction has been treated, and additional epinephrine **may** be needed.

2) Dr. _____ Phone Number _____

3)Parent _____ Phone Number#1 _____ #2 _____

4) Emergency contact: Name \relationship _____ Phone number _____

Parent\Guardian signature _____ Date _____

Doctor's Signature _____ Date _____

Directions for Administering EpiPen

* Choose appropriate EpiPen-If student's individual Pen is unavailable, EpiPen provided by the school is available in nurses locker . Bottom shelf on Right. Benadryl located on bottom shelf also.

Weight Guidelines-

Child's weight below 30 kg (60 pounds) use EpiPen **Jr.** (0.15 mgm epinephrine)

Child's weight above 30 kg (60 pounds) use EpiPen (0.3 mgm epinephrine)

- 1) Pull off safety cap.
- 2) Place tip on outer thigh at right angle to leg. (For insect sting, inject leg opposite the sting.)
- 3) Press firmly into thigh
- 4) Hold in place for 10 seconds.
- 5) Remove and massage area for 10 seconds.

* Ensure E.M.S. is in route

* Maintain open airway and perform CPR if needed

*Provide support/comfort to student until emergency transport arrives.

Student carries EpiPen ? Yes or No

If student may not carry EpiPen and rides the bus , list below the plan for the bus ride to and from school:

Location Epi-Pen _____

Locker, Backpack , Nursing locker in nursing office

Staff trained in location and use of Epi Pen other than the school nurse

- 1)
- 2)
- 3)
- 4)

(For school use only)