Allergy & Anaphylaxis Action Plan

Student's Name: ______________________________ DOB ____________ Grade: ________
School: ______________________________ Teacher: ______________________________

This section to be completed by HEALTH CARE PROVIDER

ALLERGY TO: ______________________________ Please circle: Ingestion only Contact
History: ______________________________

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Asthma: ☐ YES (Higher risk for severe reaction) ☐ NO

◊ STEP 1: TREATMENT ◊

SYMPTOMS
GIVE CHECKED MEDICATION(S)

Symptoms		
➢Suspected ingestion or sting, but *no symptoms*	☐ Epinephrine	☐ Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort	☐ Epinephrine	☐ Antihistamine
MOUTH: Itching, tingling, or mild swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
SKIN: Flushing, hives, itchy rash	☐ Epinephrine	☐ Antihistamine
STOMACH: Nausea, abdominal pain or cramping, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
‡ THROAT: Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
‡ LUNG: Shortness of breath, repetitive coughing, wheezing Inhaler	☐ Epinephrine	☐ Antihistamine
‡ HEART: Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	☐ Epinephrine	☐ Antihistamine
➢If reaction is progressing (several of the above areas affected), give	☐ Epinephrine	☐ Antihistamine

‡ Potentially life threatening: give epinephrine first, then can give antihistamine!
Remember - severity of symptoms can quickly change!

DOSAGE

Epinephrine: inject intramuscularly using auto-injector (check one): ☐ **0.3 mg** ☐ **0.15 mg**
☐ Administer 2nd dose if symptoms do not improve in 15–20 minutes

Antihistamine: give ______________________________
(medication/dose/route)

Asthma Rescue (if asthmatic): give ______________________________
(medication/dose/route)

Student has been instructed and is capable of carrying and self-administering own medication. ☐ Yes ☐ No
Provider (print) ______________________________ Phone Number: ____________
Provider's Signature: ______________________________ Date: ____________

This completes the section to be completed by healthcare provider.

◊ STEP 2: EMERGENCY CALLS ◊

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen or other medications may be needed.
2. Parent: ______________________________ Phone Number: ____________
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 ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: ______________________________ Date: ____________

School Nurse: ______________________________ Date: ____________

Student Name: ____ DOB: _______________

TRAINED STAFF MEMBERS

1. ____ Room________________

2. ____ Room________________

3. ____ Room________________

4. ____ Room________________

5. ____ Room________________

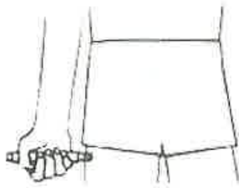
Student self-carries ☐ Yes ☐ No   Medication located in: ___________________________

EpiPen® and EpiPen® Jr. Directions

Expiration date: __________

- Pull off blue activation cap

- Hold orange tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3mg & Twinject® 0.15mg Directions

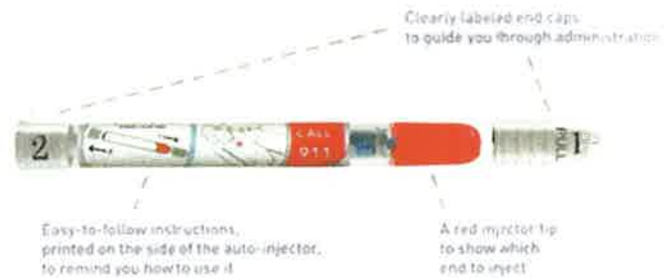
Expiration date: __________

- Remove caps labeled "1" and "2."

- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

Adrenaclick 0.3mg & Adrenaclick 0.15mg Directions

Expiration date: __________



Once epinephrine is used, call 911. Student should remain lying down.

Additional information: ____

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