

Allergy Action Plan

Student Name: _____ DOB: _____

Grade: _____ Teacher: _____

School:

- River Springs Charter School Empire Springs Charter School
 Citrus Springs Charter School Harbor Springs Charter School Site/Program: _____

Place Student
Photo Here

Parents/Emergency Contact Names: Relationship: Phone Number(s):

1) _____ 1) _____ 1) _____
 2) _____ 2) _____ 2) _____

ALLERGIC TO THESE ALLERGENS: _____

Physician to complete

- Has Asthma (increases risk for severe reaction)
 Severe allergy previously/suspected- **Immediately give epinephrine & call 911** –Start with Steps 2 & 3

STEP 1: IDENTIFICATION OF SYMPTOMS* *Send for immediate adult assistance

Symptoms:

- | | |
|---|---|
| | Type of Medication to Give:
(Determined by physician authorizing treatment) |
| ➤ Lung** - Shortness of breath, repetitive coughing, wheezing..... | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ➤ Heart** - Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P... | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ➤ Throat – Tightening of throat, hoarseness, hacking cough..... | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ➤ Mouth – Itching, tingling, or swelling of lips, tongue..... | <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 |
| ➤ 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 |
| ➤ If exposed to allergen, or allergen ingested, but no symptoms..... | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine **Potentially life-threatening |
- life-threatening** – Note: Severity of symptoms can quickly change.

STEP 2: GIVE MEDICATION

Epinephrine: inject intramuscularly (check one) EpiPen® EpiPen Jr® Twinject™0.3mg Twinject™0.15mg

- If Epinephrine is given, paramedics must be called! **PROCEED TO STEP 3 BELOW.**

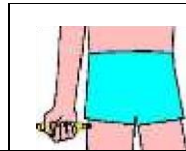
Antihistamine/Other: give _____ (Medication name & amount) by _____ (route/method)

- **Notify parents. Observe** for increasing severity of symptoms. **Call 911** as needed.

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- a) Pull off BLUE Safety Cap
- b) Place ORANGE TIP near OUTER-UPPER THIGH
- c) Swing and jab firmly until hearing or feeling a click
- d) Hold EpiPen in place 10 SECONDS, remove, massage area
- e) Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
- The individual may feel his/her heart pounding. This is a normal reaction to the medicine

STEP 3: EMERGENCY CALLS

1. **CALL 911**– *Seek emergency care.* State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Call Parents or Emergency Contacts

Physician Name (printed) _____ Phone Number: _____

Physician's Signature _____ **Date:** _____

Reviewed by School Nurse: _____ Date: _____