



**FORM A: ALLERGY ACTION PLAN - EMERGENCY CARE PLAN**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

History of Asthma  No  Yes-Higher risk for severe reaction\*

**ALLERGY:**

Foods (list) \_\_\_\_\_

Stinging insects (list) \_\_\_\_\_

Medications (list) \_\_\_\_\_

Latex: Circle one Type I (anaphylaxis) Type IV (contact dermatitis)

**MEDICATIONS AND DOSAGE:**

Epinephrine brand & dose. \_\_\_\_\_

Antihistamine brand & dose. \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**STEP 1: RECOGNITION AND TREATMENT**

Chart to be filled out according to provider's orders ONLY		Give CHECKED medication(s)	
If food ingested or contact w/ allergen occurs:		Epinephrine	Antihistamine
No symptoms noted	Call parent & continue to observe for:		
Mouth	Itching, tingling, or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut+	Nausea, abdominal cramps, vomiting, diarrhea		
Throat+	Tightening of throat, hoarseness, hacking cough		
Lung +	Shortness of breath, repetitive coughing, wheezing		
Heart+	Thready pulse, low blood pressure, fainting, pale, blueness		
Neuro+	Disorientation, dizziness, loss of conscience		
<b>If SYMPTOMS PROGRESS OR INVOLVE MULTIPLE AREAS, USE EPINEPHRINE</b>			

**STEP 2: Call 911 when Epinephrine is administered**

STEP 3: Give additional medications as instructed here: \_\_\_\_\_

\*Antihistamines & inhalers/bronchodilators cannot be depended on to treat a severe reaction (anaphylaxis)

**STEP 4: 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. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached See back/attached for auto-injection technique

\* May student self-administer and keep the Auto-Injector under his/her control in a place such as backpack, purse or pockets?  YES  NO If yes, list likely location to find Auto-Injector \_\_\_\_\_

Back-up medication is stored at school. Yes No



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