



This Action Plan MUST be completed by the Child's Physician

NCRC Food Allergy & Insect Bite **Action Plan** for the Management of Severe Allergic Reactions & Anaphylaxis

Individual's Name: _____ Date of Birth: _____
 EL / PS / PreK: _____ Auxiliary Programs: _____
 ALLERGY TO: _____
 Asthmatic? (Y/N) _____ (Yes=Higher Risk for Severe Reaction)

STEP 1: TREATMENT

Symptoms	Give This Medication	
	Epinephrine	Antihistamine
If a food allergen has been ingested, or suspected bee sting, but <i>no symptoms</i>		
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*: Weak or thread pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progression (several of the above areas affected):		

*Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly:
 Epipen _____ Epipen JR. _____ Auvi Q 0.3 MG _____ Auvi Q 0.15 MG _____

Antihistamine: give _____

Other: give _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

Call 911 (or Rescue Squad). State that an allergic reaction has been treated and additional epinephrine made be needed.

 Doctor's Name

 Doctor's Phone Number

 Parent's Name

 Parent's Phone Number

 Emergency Contact 1 Name/Relationship

 Emergency Contact 1 Phone Number

 Emergency Contact 2 Name/Relationship

 Emergency Contact 2 Phone Number

EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE and send CHILD TO MEDICAL FACILITY!

 Parent Guardian's Signature/Date

 Doctor's Signature/Date

BOTH Parent and Doctor's signatures (dated) are REQUIRED