



FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino High School | Fremont High School | Homestead High School | Lynbrook High School | Monta Vista High School | Adult School

School Year: _____

School Site: _____

SEVERE ALLERGY ACTION PLAN

Name: _____ D.O.B.: _____ Grade: _____

Mildly allergic to: _____ Symptoms : _____	Severely allergic to: _____ Symptoms : _____
Asthma: <input type="checkbox"/> Yes (Please complete an Asthma Action Plan) <input type="checkbox"/> No	

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

<p>FOR MILD SYMPTOMS SYSTEMS: NOSE: Itchy or runny nose, sneezing MOUTH: Itchy mouth SKIN: A few hives, mild itch GUT : Nausea or discomfort</p> <p>DO THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. Give antihistamine, if prescribed 2. Give inhaler (bronchodilator) for wheezing, if prescribed 3. Notify emergency contact 4. Monitor symptoms for 15 minutes <hr/> <p>MEDICATIONS/DOSES:</p> <p>Antihistamine: Name: _____ Dose: _____ mg, orally</p> <p>Inhaler: Name: _____ Dose: _____ puffs, inhaled</p> <p>For MILD symptoms that appear to be progressing to SEVERE symptoms. GIVE EPINEPHRINE and Call 911.</p> <p>_____ If antihistamine was administered Dr. Initials before epinephrine, do not give additional dose of antihistamine.</p> <p><u>Additional Comments:</u></p>	<p>FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS: LUNG: Shortness of breath, wheezing, repetitive cough HEART: Pale or bluish skin, faintness, weak pulse THROAT: Tight or hoarse throat, trouble breathing or swallowing MOUTH: Significant swelling of the tongue or lips SKIN: Many hives over the body, widespread redness, dizziness GUT: Repetitive vomiting, severe diarrhea OTHER: Feeling of "doom," anxiety, confusion, altered level of consciousness OR A COMBINATION OF SYMPTOMS from more than one body system.</p> <p>DO THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. INJECT EPINEPHRINE IMMEDIATELY. 2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive. <ul style="list-style-type: none"> • Consider giving additional medications following epinephrine: <ul style="list-style-type: none"> ❖ Antihistamine (if prescribed) ❖ Inhaler (bronchodilator) if wheezing (if prescribed) • Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. • If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose. • Alert emergency contacts. • Transport student to ER, even if symptoms resolve. Student should remain in the ER for at least 4 hours because symptoms may return. <hr/> <p>MEDICATIONS/DOSES for Severe Allergy Reaction: Epinephrine Dose: <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM Antihistamine: Name: _____ Dose: _____ mg, orally Inhaler: Name: _____ Dose: _____ puffs, inhaled</p>
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Parent/Guardian Signature

Date

Physician Signature

Date