

School Nurse  
Telephone: (818)360-2361 ext. 389  
Fax: (818)363-0103



BRIAN BAUER  
EXECUTIVE DIRECTOR

## GRANADA HILLS CHARTER HIGH SCHOOL Severe Allergy Action Plan

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

I request \_\_\_\_\_ be given the following treatment for their allergy  
(student name)  
symptoms.

**Dosage:**

Epinephrine: Inject intramuscularly \_\_\_\_ 0.3 mg.

Antihistamine: Give orally. Give \_\_\_\_\_.

### TREATMENT

**Symptoms:**

If a food allergen has been ingested, but no symptoms. \_\_\_\_ Monitor Student

Mouth: Itching, tingling, swelling of lips, tongue, mouth \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Integumentary: Hives, swelling of the face or extremities \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Gastrointestinal: Nausea, abdominal cramps, vomiting, diarrhea \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Throat: Tightening of throat, hoarseness, hacking cough \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Respiratory: Shortness of breath, repetitive coughing, wheezing \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Cardiovascular: Thready pulse, low blood pressure, fainting, pale,  
cyanosis. \_\_\_\_ Epinephrine \_\_\_\_ Antihistamine

Special Instructions: If symptoms do not improve within \_\_\_\_ minutes give second injection of Epinephrine.

Other Special Instructions: \_\_\_\_\_.

\*Parents will be called anytime there is suspected ingestion of an allergen, or any symptoms of anaphylaxis.  
911 will be called whenever an Epi-pen injection is given.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_