



Bullard Independent School District

# Allergy Action Plan

Place  
Student's  
Picture  
Here

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthmatic:  Yes\*  No \* Increased risk for severe reaction

## ● STEP 1: TREATMENT ●

SYMPTOMS	GIVE CHECKED MEDICATION**	
	** To be determined by physician authorizing treatment**	
■ If a food allergen has been ingested but no symptoms	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Mouth</b> - itching, tingling, or swelling of lips, tongue or mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Skin</b> - Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Gut</b> - Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Throat</b> ° - Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Lung</b> ° - Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Heart</b> ° - Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ <b>Other</b> ° _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
■ If reaction is progressing (several of the above areas are affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

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

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one)    EpiPen®    EpiPen® Jr.    Twinject® 0.3mg    Twinject® 0.15mg

**Antihistamine:** give \_\_\_\_\_  
Medication/Dose/Route

**Other:** give \_\_\_\_\_  
Medication/Dose/Route

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

## ● STEP 2: EMERGENCY CALLS ●

1. **Call 911.** State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. **Emergency Contacts:**

Name/Relationship	Phone Number 1	Phone Number 2
1.		
2.		

**IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

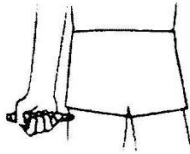
(Required)

### EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).

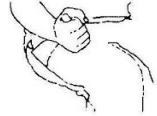


- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

### Twinject® 0.3 mg and Twinject® 0.15 mg Directions



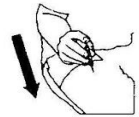
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



#### SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

*\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

