

Allergy Action Plan Emergency Care Plan

Name: _____ DOB: _____

Allergy to: _____

Weight: _____ lbs ASTHMA? Yes (Higher for severe reaction) No

Extremely reactive to the following: _____

THEREFORE:

___ If checked, give epinephrine immediately for **ANY** symptoms if the allergen was likely eaten.

___ If checked, give epinephrine immediately if the allergen was **definitely** eaten, even if no symptoms are noted.

SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing or swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).
USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Monitoring: Stay with student; Notify the office and get the AED; Call 911 and parent.

- Note time when epinephrine was administered.
- Tell emergency dispatcher the student is having anaphylaxis and may need epinephrine when emergency responders arrive.
- If available, 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.

Medication/Dose

Epinephrine Brand or Generic: _____

Epinephrine Dose 0.15 mg IM 0.3 mg IM

Antihistamine: _____

Antihistamine Dose: _____

Other Medications (e.g. inhaler if asthmatic):

Emergency Contact 1: _____
Name

Phone Number

Relationship

Emergency Contact 2: _____
Name

Phone Number

Relationship

Allergy Individual Health Plan

Assessment Data:

Known allergies: _____

Past reactions: _____

Date: _____ Treatment: _____

Date: _____ Treatment: _____

Other health conditions (i.e. asthma): _____

Known Symptoms: (circle past known symptoms) *High Risk for Severe Reaction

<u>System:</u>	<u>Symptoms:</u>
Mouth	itching and swelling of the lips, tongue, or mouth
Throat*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash and/or swelling about the face or extremities
GI Tract	nausea, abdominal cramps, vomiting, and/or diarrhea
Lungs*	shortness of breath, repetitive coughing and/or wheezing
Heart*	thready pulse, "passing out"

The severity of the above symptoms can quickly change.

***These symptoms can potentially progress to a life-threatening situation!!!!**

Current Medications:

Name	Route	Dose	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergy/ Anaphylaxis Education/ Self-Management Skills: U= understands N= needs more information

Student can define anaphylaxis				
Student can list triggers for and symptoms of allergic reaction				
Student can list prevention strategies				
Student can describe steps to take if allergic reaction takes place				
Student can demonstrate proper technique for self-medication				

Nursing diagnoses

Student Goals

Knowledge deficit r/t allergens and/or symptoms of an allergic reaction Powerlessness r/t uncertainty of an allergic reaction/ outcome in the school environment. Risk for altered health maintenance r/t ability to self-medicate or seek help from others	Student will prevent allergic reactions from occurring Student will increase knowledge of trigger allergens Student will be able to list symptoms of allergic reaction Student will develop self-medication skills
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Interventions: (if applicable)

Met date Not met

Nurse to in-service staff about student's known food or insect allergens; symptoms of mild to severe allergic reactions, including anaphylaxis; specific guidelines for treatment; field trip modifications; extracurricular modifications; need to continually monitor school environment for allergens; inform bus drivers of student with known anaphylactic episodes.		
Epi-pen stored in school office, classroom &/or with student		
Develop and implement an emergency care plan		
Provide necessary health education including s/s of reaction, known allergens, and medications so student can participate in self-care		

Student Outcomes

Student will participate in all school activities with modifications made when necessary. Student will describe his/her symptoms of an allergic reactions and known allergens. Student will describe steps to take if an allergic reaction occurs. Student will demonstrate proper technique for self-medication. Student and parent will notify school of any changes in medical status.

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____