

Allergy Action Plan

Student's
Name: D.O.B: Teacher:

ALLERGY TO:

Asthmatic Yes* No *Higher 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 <i>no symptoms</i> '.		Epinephrine	Antihistamine
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
Skin	Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
Gut	Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
Throatf	Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
Lungt	Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
Heartf	Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
Othert	_____	Epinephrine	Antihistamine
If reaction	is progressing (several of the above areas affected), give	Epinephrine	Antihistamine

The severity of symptoms can quickly change. fPotentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give

medication/dose/route

Other: give

medication/dose/route

STEP 2: EMERGENCY CALLS

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

2. Dr.at

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a.	1) 2.)
b.	1 •) 2.)
c.	1 •) 2.)

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

Parent/Guardian Signature

Date

Doctor's Signature.

Date.

(Required)