

# Allergy and Anaphylaxis Action Plan (2023-2024)



(Please print)

School: \_\_\_\_\_

Name	Date of Birth	Effective Date
Healthcare Provider:	Parent/Guardian Name:	Emergency Contact Name:
Healthcare Provider Phone Number/Fax number: /	Parent/Guardian Phone Number:	Emergency Contact Phone Number:

## Child has allergy to:

Please answer the following:

- Child has asthma  Yes  No (if yes, higher chance for severe reaction)  
 Child has had anaphylaxis  Yes  No  
 Child may carry medicine  Yes  No  
 Child may give him/herself medication  Yes  No

**\*IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

## Mild Allergic Reaction

Symptoms	Treatment
<ul style="list-style-type: none"> <li>Itchy nose, sneezing, itchy mouth</li> <li>A few hives</li> <li>Mild stomach nausea or discomfort</li> </ul>	Stay with child and: <ul style="list-style-type: none"> <li>Monitor child closely</li> <li>Give antihistamine if prescribed or per standing orders if indicated</li> <li>Call parents</li> <li>If symptoms of severe allergy/anaphylaxis develop, see below</li> </ul>

## Severe Allergy and Anaphylaxis

Symptoms	Treatment
<p><b>Anaphylaxis criteria is meeting any 1 of the following three categories:</b></p> <ol style="list-style-type: none"> <li><b>Acute onset of an illness (minutes to several hours) with involvement of the skin or mucosal tissue (eg, generalized hives, pruritus or flushing, swollen lips, tongue, or uvula) AND AT LEAST 1 OF THE FOLLOWING:</b> <ol style="list-style-type: none"> <li>Respiratory compromise (eg, dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)</li> <li>Reduced BP or associated symptoms of end-organ dysfunction (eg, hypotension [collapse], syncope, incontinence)</li> </ol> </li> <li><b>Two or more of the following that occur rapidly (minutes to several hours) after exposure to a likely allergen:</b> <ol style="list-style-type: none"> <li>Involvement of the skin or mucosal tissue (eg, generalized hives; pruritus or flushing; swollen lips, tongue, or uvula)</li> <li>Respiratory compromise (eg, dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)</li> <li>Reduced BP or associated symptoms (eg, hypotension [collapse], syncope, incontinence)</li> <li>Persistent gastrointestinal symptoms (eg, crampy abdominal pain, vomiting)</li> </ol> </li> <li><b>Reduced BP after exposure to known allergen (minutes to several hours)</b> <ol style="list-style-type: none"> <li>Infants and children: low systolic BP (age specific) or &gt;30% decrease in systolic BP. Low systolic BP for children is defined as &lt;70 mm Hg from 1 month to 1 year, &lt;70 mm Hg + [2 × age] from 1 to 10 years and &lt;90 mm Hg from 11 to 17 years.</li> <li>Adults: systolic BP of &lt;90 mm Hg or &gt;30% decrease from that person's baseline. <small>(Pediatric Care Online, 2021) <a href="https://pediatriccare.solutions.aap.org/chapter.aspx?sectionId=136094758&amp;bookId=1626&amp;resultClick=1">https://pediatriccare.solutions.aap.org/chapter.aspx?sectionId=136094758&amp;bookId=1626&amp;resultClick=1</a></small></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li><b>Give epinephrine right away!</b> Note time when epinephrine was administered.</li> <li><b>Call 911 (or ask another staff member)</b></li> <li>Stay with child and:                             <ul style="list-style-type: none"> <li>Call parents</li> <li>Give second dose of epinephrine, if symptoms worsen, or do not improve within 5 minutes.</li> <li>Keep child lying down on his/her side.</li> </ul> </li> <li>Give other medicine, if prescribed (antihistamine, bronchodilator). <b>Do not use other medication in place of epinephrine.</b></li> </ol>

## Medicine/Doses to be Administered

**Epinephrine intramuscular, please select:**  0.15mg per dose (equivalent to Epi-pen Jr)  0.3mg per dose (equivalent to Epi-pen)

**Antihistamine (drug, route, dose):** \_\_\_\_\_

**Bronchodilator:** \_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

If child rides the bus, do you wish for this information to be shared with the bus driver?  Yes  No

If so, additional paperwork will be sent home with the child to ensure that bus driver is trained on allergy/anaphylaxis care.