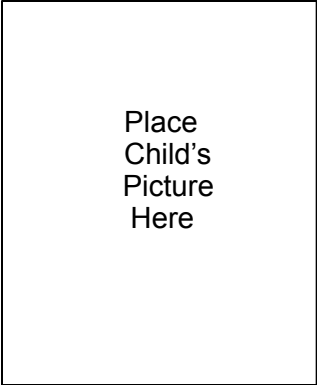


Allergy Action Plan

Student's Name: _____ DOB: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes No

Date of most recent allergen testing (Skin/Titers) _____

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
Throat†	Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
Lung†	Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
Heart†	Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
Other†	_____	Epinephrine	Antihistamine
If reaction is progressing (several of the above areas affected), give		Epinephrine	Antihistamine

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

Dosage:

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15 mg (see reverse side for directions) **If administered, 911 must be called.**

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. Parents _____ Phone Number(s): _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____

Parent/Guardian Signature _____ Date _____

Doctor's signature required for following:

Student will sit at Peanut/Nut Restricted Table -YES ___ NO ___

Student's classroom will be Peanut/Nut Restricted -YES ___ No ___

Doctor's Signature _____ Date _____

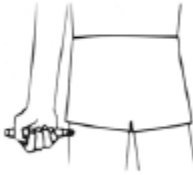
Required

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



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

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

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange 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.*