



# FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino High School | Fremont High School | Homestead High School | Lynbrook High School | Monta Vista High School | Adult School

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

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

## SEVERE ALLERGY ACTION PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

**Mildly allergic to:** \_\_\_\_\_  
Symptoms : \_\_\_\_\_

**Severely allergic to:** \_\_\_\_\_  
Symptoms : \_\_\_\_\_

**Asthma:**  Yes (Please complete an Asthma Action Plan)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

### FOR MILD SYMPTOMS SYSTEMS:

NOSE: Itchy or runny nose, sneezing

MOUTH: Itchy mouth

SKIN: A few hives, mild itch

GUT : Nausea or discomfort

### DO THE FOLLOWING:

1. Give antihistamine, if prescribed
2. Give inhaler (bronchodilator) for wheezing, if prescribed
3. Notify emergency contact
4. Monitor symptoms for 15 minutes

### MEDICATIONS/DOSES:

Antihistamine: Name: \_\_\_\_\_

Dose: \_\_\_\_\_ mg, orally

Inhaler: Name: \_\_\_\_\_

Dose: \_\_\_\_\_ puffs, inhaled

For MILD symptoms that appear to be progressing to SEVERE symptoms. GIVE EPINEPHRINE and Call 911.

**\_\_\_\_\_ If antihistamine was administered  
Dr. Initials  
before epinephrine, do not give additional  
dose of antihistamine.**

Additional Comments:

### FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:

LUNG: Shortness of breath, wheezing, repetitive cough

HEART: Pale or bluish skin, faintness, weak pulse

THROAT: Tight or hoarse throat, trouble breathing or swallowing

MOUTH: Significant swelling of the tongue or lips

SKIN: Many hives over the body, widespread redness, dizziness

GUT: Repetitive vomiting, severe diarrhea

OTHER: Feeling of "doom," anxiety, confusion, altered level of consciousness

OR A COMBINATION OF SYMPTOMS from more than one body system.

### DO THE FOLLOWING:

1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

• Consider giving additional medications following epinephrine:

- ❖ Antihistamine (if prescribed)
- ❖ Inhaler (bronchodilator) if wheezing (if prescribed)

• Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.

• Alert emergency contacts.

• Transport student to ER, even if symptoms resolve. Student should remain in the ER for at least 4 hours because symptoms may return.

### MEDICATIONS/DOSES for Severe Allergy Reaction:

Self Carry/Self Administer  Yes  No, for the following medications

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine: Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg, orally

Inhaler: Name: \_\_\_\_\_ Dose: \_\_\_\_\_ puffs, inhaled

Parent/Guardian Signature

Date

Physician Signature

Date

Adapted from FARE Food Allergy & Anaphylaxis Emergency Plan

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