

Severe Allergy Action Plan



Student's Name: _____ D.O.B. _____ Home Language _____

Teacher _____

Asthmatic Yes * ☐ No ☐ *Higher risk for severe reaction

Date of last reaction: _____

ALLERGY TO: _____

If a food allergen has been ingested, but no symptoms - watch for symptoms

STEP 1: TREATMENT

Symptoms	Give checked Medication	
	(To be determined by Dr. authorizing meds)	
• 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 + weak, pulse, low blood pressure, fainting, pale, blueness	☐ epinephrine	☐ antihistamine
• Impending sense of doom, confusion, disorientation	☐ epinephrine	☐ antihistamine
• If reaction is progressing (several of the above areas affected) give:	☐ epinephrine	☐ antihistamine

+ Potentially life threatening. The severity of symptoms can quickly change.

Medications/Dr. Orders

Epinephrine: inject intramuscularly _____ Med/dosage

Antihistamine: give orally _____ Med/dosage

Other Dr. Orders: _____

IMPORTANT: ASTHMA INHALER AND OR ANTIHISTAMINES CANNOT BE DEPENDED ON TO REPLACE EPINEPHRINE IN ANAPHYLAXIS.

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 _____ medication/dose/route given		
3. Emergency contacts:		
Name/Relationship	Phone Number(s)	
1. _____	1) _____	2) _____
2. _____	1) _____	2) _____
3. _____	1) _____	2) _____
EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!		
Consent for self administration ☐ (provided the school nurse determines it is safe- additional form required)		
Parent/Guardian signature _____	Date _____	
Doctor's Signature _____	Date _____	

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EPIPEN AND EPIPEN JR. DIRECTIONS:

Step 1



Remove auto injector from carrier tube.

Precautions:

- Never put thumb, fingers or hand over orange tip. Never press or push orange tip with thumb, fingers or hand. **The needle comes out of the orange tip*.**
- **Do not remove blue safety release until ready to use.**
- Do not use if solution is discolored.

Step 2



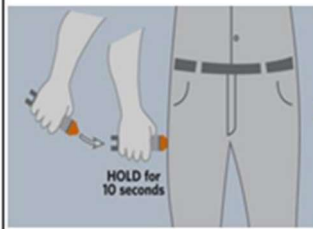
Choose correct sized unit:

- EpiPen auto injector 0.3 ml for patients > 66 lbs (30 kg) (yellow box) **OR**
- EpiPen Jr. 0.15 ml for patients 33-66 lbs (15-30 kg) (green box)

Grasp unit with orange tip pointing downward. Form fist around the unit.

With your other hand, pull off the blue safety release.

Step 3



Hold orange tip near outer thigh. Swing and firmly push the orange tip against the outer thigh so it "clicks." **Hold on thigh** for approximately 10 seconds to deliver drug. The window on the auto-injector will be obscured. The unit is designed to work through clothing if necessary.

Most of the liquid (about 85%) stays in the auto-injector and cannot be reused. The patient has received the correct dose of the medication if the orange needle tip is extended and the window is obscured.

Step 4



Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

Do not inject into buttock or give intravenously.

Monitor patient closely (see below) and prepare to call 911 for immediate medical attention if needed.

Dispose of used unit in a biohazard container.