



Health Services Department

Severe Allergy Action Plan

Student Name: _____ Grade: _____ School Year: _____

Parent/Guardian Name: _____ Contact Number: _____

Physician Name: _____ Contact Number: _____

Allergic to: _____

Asthma: Yes* No

History of anaphylaxis: Yes* No

*Higher risk for a severe reaction

Severe Allergy and Anaphylaxis ⇨⇨⇨⇨⇨⇨⇨

What to look for:

If the patient has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.

- Shortness of breath, wheezing, or repetitive cough
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of the tongue or lips
- Repetitive vomiting or severe diarrhea
- Many hives or redness over the body
- Feeling of "doom," confusion, altered consciousness, or agitation.

Give EPINEPHRINE!

What to do:

1. Administer EPINEPHRINE immediately!
2. Call 911. Tell the emergency dispatcher the patient is having anaphylaxis and may need epinephrine when emergency responders arrive.
3. Lay the patient flat with legs raised. Keep warm. If the patient vomits or has trouble breathing, let them lie on their side or sit up.
4. Give a second dose of epinephrine if symptoms get worse, continue, or do not get better in 5 minutes.
5. Consider administering an antihistamine and/or inhaler (bronchodilator) if wheezing follows epinephrine.
6. Contact parents
7. Transport the patient to the ER, even if symptoms resolve.

SPECIAL SITUATION

If this box is checked, patient has an extremely severe allergy

to: _____

Epinephrine should be given at the first sign of any symptoms, even if mild.

Updated March, 2026

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| <p><u>Mild Allergic Reaction</u></p> <p>What to look for:</p> <ul style="list-style-type: none"> - Itchy or runny nose, sneezing, itchy mouth - A few hives - Mild stomach nausea or discomfort - For mild symptoms from more than one system area, give epinephrine and call 911. | <p><u>For Mild Symptoms from a Single System Area</u></p> <p>What to do:</p> <ol style="list-style-type: none"> 1. Stay with the patient 2. Contact parents 3. Administer antihistamines if ordered by the physician 4. If symptoms of severe allergy/anaphylaxis develop, administer epinephrine and call 911. |
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Medication Doses:

| | |
|--|---|
| Epinephrine Brand: _____ | <input type="checkbox"/> 0.15mg IM <input type="checkbox"/> 0.3mg IM <input type="checkbox"/> 1mg IN <input type="checkbox"/> 2mg IN |
| Antihistamine Brand: _____ | Dosage: _____ |
| Inhaler Brand: _____ | Dosage: _____ |
| Additional Physician Comments: _____ _____ | |

Parent/Guardian Signature (required): _____ **Date:** _____

Physician Signature (required): _____ **Date:** _____