

# Allergy Action Plan

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergy to \_\_\_\_\_

Asthmatic?  Yes\*  No

\*Higher risk for severe reaction

## STEP 1 – ASSESSMENT

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

<b>Symptoms:</b>	<b>Give checked Medication:</b>
If a student has been exposed to/ingested an allergen but has <b>NO</b> symptoms	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Throat:</b> † Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Lung:</b> † Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Heart:</b> † Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Other</b> _____, _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
If reaction is progressing, (several of the above areas affected)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

## STEP 2 – TREATMENT

**Epinephrine:** Inject intramuscularly.

EpiPen®     EpiPen® Jr.     Twinject 0.3mg     Twinject 0.15mg

**Antihistamine:** Give

\_\_\_\_\_

*antihistamine/dose/route*

**Other:** Give

\_\_\_\_\_

*medication/dose/route*

(CONTINUED ON BACK)

## STEP 3 - EMERGENCY CALLS

### **PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN. EPIPEN OR TWINJECT ONLY LAST 15-20 MINUTES**

1. Call 911. State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACTS

1. \_\_\_\_\_

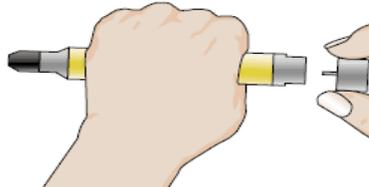
Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_

Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

### **How do I use the EpiPen®?**

1. Form fist around EpiPen® and pull off grey cap. Make sure your thumb is closest to the grey cap end, and not over the black end.



2. Place black tip against outer mid-thigh of the child. (Note; there is no need to 'swing and jab')
3. Push HARD until a click is heard or felt and hold in place for 10 seconds



4. Remove the EpiPen® and then call an ambulance. The EpiPen® can only be used once.