

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.

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

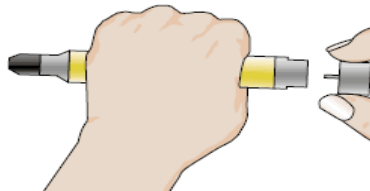
Relation: _____ Tel: _____

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.