

2014/2015

ALLERGY/ANAPHYLAXIS ACTION PLAN

Student Name _____ D.O.B. _____ Grade _____
 Address _____ Phone Number _____
 Name of Doctor _____ Preferred Hospital _____

Please include
 Student
 Photo

ALLERGY: (check appropriate) To be completed by Doctor

- Foods (list):
- Medications (list):
- Latex: Circle: Type I (anaphylaxis) Type IV (contact dermatitis)
- Stinging Insects (list):

RECOGNITION AND TREATMENT

| Chart to be completed by Physician ONLY | | Give CHECKED Medication | |
|---|--|-------------------------|---------------|
| | | EpiPen | Antihistamine |
| <i>If food ingested or contact with allergen occurs:</i> | | | |
| No symptoms noted <input type="checkbox"/> Observe for other symptoms | | | |
| Minor symptoms Such as itchy mouth, few hives, mild itch, mild nausea/discomfort | | | |
| Mouth | Itching, tingling, or swelling of lips, tongue, mouth | | |
| Skin | Hives, itchy rash, swelling of the face or extremities | | |
| Gut+ | Nausea, abdominal cramps, vomiting, diarrhea | | |
| Throat+ | Tightening of throat, hoarseness, hacking cough | | |
| Lung+ | Shortness of breath, repetitive coughing, wheezing | | |
| Heart+ | Thready pulse, low BP, fainting, pale, blueness | | |
| Neuro+ | Disorientation, dizziness, loss of conscience | | |
| If reaction is progressing (several of the above areas affected), | | | |
| <i>The severity of symptoms can quickly change. +Potentially life-threatening.</i> | | | |

DOSAGE:

Epinephrine: Inject into outer thigh EpiPen 0.3 mg OR EpiPen Jr. 0.15 mg (see reverse for instructions)

Antihistamine: Benadryl _____ mg To be given by mouth *only if able to swallow.*

- This child has received instruction in the proper use of the EpiPen. It is my professional opinion that this student **SHOULD** be allowed to carry and use the EpiPen independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the EpiPen is self-administered.
- It is my professional opinion that this student **SHOULD NOT** carry the EpiPen.

EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents/guardian to notify of reaction, treatment and student's health status.
3. Treat for shock. Prepare to do CPR.
4. Accompany student to ER if no parent/guardians are available.

PHYSICIAN'S SIGNATURE _____ DATE _____