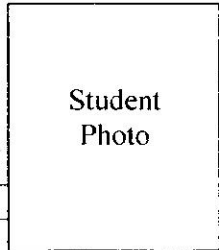




# Student Allergy/Anaphylaxis Action Plan



Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher \_\_\_\_\_  
 School Nurse \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Health Care Provider \_\_\_\_\_ Preferred Hospital \_\_\_\_\_  
 History of Asthma  No  Yes-Higher risk for severe reaction

**ALLERGY:** (check appropriate) **To be completed by Health Care Provider**

Foods (list):

Medications (list):

Latex: Circle: Type I (anaphylaxis) Type IV (contact dermatitis)

Stinging Insects (list):

**RECOGNITION AND TREATMENT**

Chart to be completed by Health Care Provider <i>ONLY</i>		Give CHECKED Medication	
<i>If food ingested or contact w/allergen occurs:</i>		Epinephrine	Antihistamine
No symptoms noted	Observe for other symptoms		
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 consciousness		
If reaction is progressing (several of the above areas affected), <b>GIVE:</b>			
<b><i>The severity of symptoms can quickly change. + Potentially life-threatening</i></b>			

**DOSAGE:**Epinephrine: Inject into outer thigh **0.3 mg OR 0.15 mg**Antihistamine: Liquid Diphenhydramine (Benadryl®) \_\_\_\_\_ mg. To be given by mouth *only if able to swallow*.**Other:**

This child has received instruction in the proper use of the Auto-injector: EpiPen® or Twinject® (circle one). It is my professional opinion that this student **SHOULD** be allowed to carry and use the auto-injector independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the auto-injector is self-administered.

It is my professional opinion that this student **SHOULD NOT** carry the auto-injector.

Health Care Provider Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_

**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.