Form
5141.5 (c)

Allergy Action Plan

Student Name: _____ Birth Date: _____
School: _____ Grade: _____ Teacher: _____

Place Student Photo Here

ALLERGIC TO THESE ALLERGENS: _____

☐ **Has Asthma** (increases risk for severe reaction)

☐ **Severe Allergy previously/suspected—Immediately give epinephrine & call 911– Start with Steps 2 & 3**

☐ **Mild Allergy –** Itching, rash, hives – **Give antihistamine, call school nurse and parent. Start with Step 1**

► STEP 1: IDENTIFICATION OF SYMPTOMS* ◄

*** Send for immediate adult assistance**

Symptoms:		**Type of Medication to Give:** (Determined by physician authorizing treatment)
➢	If exposed to allergen, or allergen ingested, but ***no symptoms***	☐ **Epinephrine** ☐ **Antihistamine**
➢ **Mouth –**	Itching, tingling, or swelling of lips, tongue, mouth	☐ **Epinephrine** ☐ **Antihistamine**
➢ **Skin –**	Hives, itchy rash, swelling of the face or extremities	☐ **Epinephrine** ☐ **Antihistamine**
➢ **Gut –**	Nausea, abdominal cramps, vomiting, diarrhea	☐ **Epinephrine** ☐ **Antihistamine**
➢ **Throat –**	Tightening of throat, hoarseness, hacking cough	☐ **Epinephrine** ☐ **Antihistamine**
➢ **Lung** –**	Shortness of breath, repetitive coughing, wheezing	☐ **Epinephrine: Call 911**
➢ **Heart** –**	Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P. .	☐ **Epinephrine: Call 911**
➢ **Other** –**	_____	☐ **Epinephrine: Call 911**
➢	If reaction is progressing (several of the above areas affected) give	☐ **Epinephrine: Call 911**

**** Potentially life-threatening.** – Note: The severity of symptoms can quickly change.

► STEP 2: GIVE MEDICATIONS ◄

Epinephrine: inject intramuscularly (check one) ☐ EpiPen® ☐ EpiPen Jr®

- **If Epinephrine is given, paramedics must be called! PROCEED TO STEP 3 BELOW.**

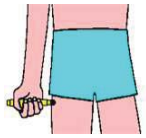
Antihistamine/other: give _____ *(Medication name & amount)* **by** _____ *(route/method)*

- **Notify** parents and school nurse • **Observe** for increasing severity of symptoms • **Call 911** as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpinephrineAuto-injector Directions:

a. Pull off the Safety Cap
b. Place TIP near OUTER-UPPER THIGH
c. Swing and jab firmly until hearing or feeling a click
d. Hold auto-injector in place **10 SECONDS**, remove, massage area
e. Dispose of in red sharps container or give to paramedics



- The epinephrine auto-injector can be injected through clothing.
- The individual may feel his/her heart pounding.
  - This is a normal reaction to the medication.

► STEP 3: EMERGENCY CALLS ◄

1. **CALL 911** – *Seek emergency care*. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact *Names*:	*Relationship:*	*Phone Number(s):*
a. _____	1.) _____	2.) ( ) _____ ( ) _____
b. _____	1.) _____	2.) ( ) _____ ( ) _____

Parent/Guardian Signature _____ Date _____
(Required)

Physician completes form through Step 2

Physician Name (Printed) _____ Phone Number: ( ) _____

Physician Signature _____ Date: _____
(Required)

This form must be renewed annually or with any change in medication.
The *Prescription Medication Authorization Form* must be completed in addition to this *Allergy Action Plan*