**Allergy Action Plan**

**Student's Name:**_____**DOB:**_____**Teacher:**_____

**ALLERGY TO:**_____

Asthmatic Yes ☐ No ☐

Place Child's Picture Here

## ❖ STEP 1: TREATMENT❖

| **Symptoms:** | | **Give Circled Medication**:** **(To be determined by physician authorizing treatment) |
|---|---|---|
| ❖ | If a food allergen has been 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 Antihistamine |
| ❖ | **Heart*** Weak or thready pulse, low blood pressure, fainting, pale, blueness | Epinephrine Antihistamine |
| ❖ | **Other*** | Epinephrine Antihistamine |
| ❖ | **If reaction is progressing (several of the above areas affected), give:** | Epinephrine Antihistamine |

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

**DOSAGE:**

**Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15mg

**Other:**_____
Medication/dose/route

**Anihistamine:**_____
Medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis**

## ❖ STEP 2: EMERGENCE CALLS❖

1. Call 911: State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr._____ Phone Number:_____
3. Parent Name:_____ Phone Number(s)_____
4. Emergency Contacts:

   Name/Relationship Phone Number(s)

   _____ _____

   _____ _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

**Parent/Guardian's Signature**_____ **Date:**_____

**Doctor's Signature**_____ **Date:**_____