



Allergy/Anaphylaxis Action Plan

Student's Name: _____ Grade: _____ DOB: _____
 Healthcare Provider: _____ Preferred Hospital: _____
 History of Asthma? No Yes – higher risk for severe reaction

TO BE COMPLETED BY HEALTHCARE PROVIDER

Allergy (check appropriate):

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

Chart to be completed by Healthcare Provider ONLY		Give CHECKED Medication	
If food ingested or contact with allergen occurs:		EpiPen	Antihistamine
<input type="checkbox"/> No symptoms noted	<input type="checkbox"/> Observe for other symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/>	<input type="checkbox"/>
Gut*	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/>	<input type="checkbox"/>
Throat*	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/>	<input type="checkbox"/>
Lung*	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Heart*	Thready pulse, low BP, fainting, pale, blueness	<input type="checkbox"/>	<input type="checkbox"/>
Neuro*	Disorientation, dizziness, loss of conscience	<input type="checkbox"/>	<input type="checkbox"/>

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

If reaction is progressing (several of the above areas affected), GIVE:

Epinephrine: Inject in outer thigh EpiPen 0.3 mg EpiPen Jr 0.15 mg (see reverse for instructions)
 Antihistamine: Benadryl _____ mg to be given by mouth *only if able to swallow*
 Other: _____

- 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.

 Healthcare Provider's Signature Date Daytime Phone

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.

