

Allergy & Anaphylaxis Action Plan

Student's Name: _____ D.O.B. _____ Grade: _____
School: _____ Teacher: _____

Place child's
Photo here

ALLERGY TO: _____

History: _____

Asthma: YES NO *Higher risk for severe reaction

SYMPTOMS:

GIVE CHECKED MEDICATION(S)

➤ Suspected ingestion or sting, but <i>no symptoms</i>			Epinephrine	Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort				Antihistamine
MOUTH	Itching, tingling, or mild swelling of lips, tongue, mouth		Epinephrine	Antihistamine
SKIN:	Flushing, hives, itchy rash		Epinephrine	Antihistamine
STOMACH	Nausea, abdominal pain or cramping, vomiting, diarrhea		Epinephrine	Antihistamine
‡ THROAT	Tightening of throat, hoarseness, hacking cough		Epinephrine	Antihistamine
‡ LUNG	Shortness of breath, repetitive coughing, wheezing	Inhaler	Epinephrine	Antihistamine
‡ HEART	Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin		Epinephrine	Antihistamine
➤ If reaction is progressing (several of the above areas affected), give			Epinephrine	Antihistamine

◆ STEP 1: TREATMENT

± Potentially life threatening: give epinephrine first, and then can give antihistamine!

Remember - severity of symptoms can quickly change!

DOSAGE

Epinephrine: inject intramuscularly (check one): **Call 911 if given**

Epipen 0.3 mg /EpiPen® Jr. 0.15 mg or or Auvi Q 0.3mg /AuviQ 0.15mg / AuviQ 0.10mg

Mylan Brand Generic Epinephrine 0.3mg/0.15mg

Teva Brand 0.3mg/ Teva 0.15mg

Administer 2nd dose if symptoms do not improve in 5 – 10 minutes or sooner if noted

Antihistamine:

give _____

Medication name	dose	route
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(IF ANTIHISTAMINE HAS BEEN GIVEN, PARENT MUST BE NOTIFIED AND STUDENT PICKED UP FROM PROGRAM)

Asthma Rescue (if asthmatic): give

(Medication/dose/route)

(Remember the student needs a Colorado Asthma plan as well if has Asthma and will need inhaler other than Allergic Reaction)

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Fax Number _____

Start Date: _____ End Date: _____ (End date can not be more than one year!)

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child. **This Health Care Plan will be effective for one school year.**

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

Additional comments and guidelines

- 1.
- 2.
- 3.
- 4.

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: _____ Phone Number: _____

3. Emergency contacts: Name/Relationship Phone Number(s)
- a. _____ 1) _____ 2) _____
- b. _____ 1) _____ 2) _____

Emergency Medication located in: _____

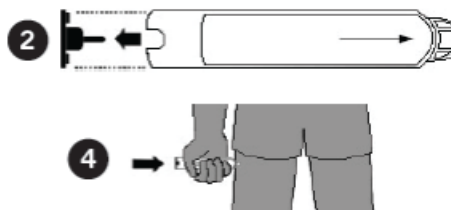
Epinephrine pen expires: _____

Antihistamine expires: _____

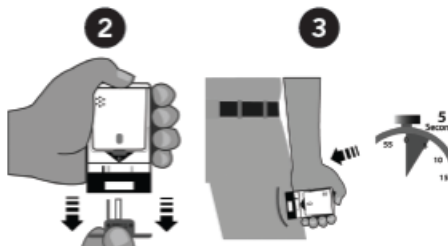
Inhaler expires: _____

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



EpiPen® and EpiPen® Jr. Directions

Expiration date: _____

- Pull off blue activation cap.
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Once EpiPen is used, call 911. Student should remain lying down.

Additional information: _____

