



Allergy Action Plan Emergency Care Plan



School:	Name:	DOB:
Allergic to:	Food Latex Medication Stinging Insects	Other: _____
Weight: _____ lbs.	Asthma: Yes (<i>higher risk for a severe reaction</i>) No	
Extremely reactive to the following allergens:		
Therefore:		
If checked, give epinephrine immediately for ANY symptoms if the allergen was <i>likely</i> eaten.		
If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.		
<p>Any SEVERE SYMPTOMS after suspected or known ingestion or exposure to allergy:</p> <p>One of more of the following:</p> <p>Respiratory: Short of breath, wheeze, repetitive cough.</p> <p>Heart: Pale, blue, faint, weak pulse, dizzy, confused.</p> <p>Throat: Tight, hoarse, trouble breathing/swallowing.</p> <p>Or combination of symptoms from different body areas:</p> <p>Skin: Hives, itchy rashes, swelling (e.g., eyes, lips).</p> <p>GIT: Vomiting, diarrhea, campy pain.</p>	➔	<ol style="list-style-type: none"> 1. INJECT EPINEPHRIN IMMEDIATELY 2. Call 911 – Alert Parents/Guardian 3. Document - Time, EPI given 4. After 5mins., 2nd. Dose if symptoms persist or reoccurs. 5. Keep student lying on back with legs raised. 6. Give additional proscribed medications <ul style="list-style-type: none"> -Antihistamine -Inhaler (bronchodilator) if asthmatic <p style="text-align: center; font-size: small;">*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.</p>
<p>MILD SYMPTOMS ONLY:</p> <p>MOUTH: Itchy mouth</p> <p>SKIN: A few hives around mouth/face, mild itch</p> <p>GIT: Mild nausea/discomfort</p>	➔	<ol style="list-style-type: none"> 1. GIVE ANTIHISTAMINE 2. Stay with student 3. Alert healthcare professionals and parent 3. If symptoms progress (see above), USE EPINEPHRINE
Medications/Doses	Epipen Auto-Injector	Epipen Jr. Auto Injector
Epinephrine (Dose): _____		
Antihistamine (Dose): _____		
Other (e.g., inhaler-bronchodilator if asthmatic): _____		

Parent/Guardian Signature and Date

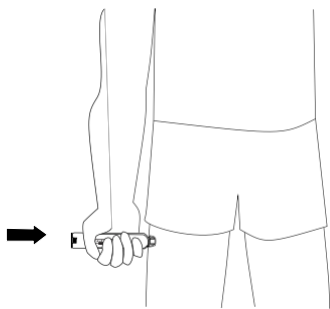
Physician/Healthcare Provider Signature and Date

EPIPEN Auto-Injector and EPIPEN Jr. Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove the EPIPEN Auto-Injector and massage the area for 10 seconds



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Adrenaclick™ 0.3mg and Adrenaclick™ 0.15mg Directions



Remove GRAY caps labeled “1” “2”.



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts: * Call 911

Doctor’s Name: _____ Contact Number(s): _____

Parent/Guardian: _____ Contact Number(s): _____

Other Emergency Contacts:

Name/Relationship: _____ Contact Number: _____

Name/Relationship: _____ Contact Number: _____