

Allergy Action Plan

ALLERGY TO: _____

Student's

Name: _____ D.O.B. _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems:

- MOUTH
- THROAT

- SKIN
- GUT
- LUNG*
- HEART*

Symptoms:

- itching & swelling of the lips, tongue, or mouth
- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough

- hives, itchy rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- "thready" pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

◆ ACTION FOR MINOR REACTION ◆

1. If only symptom(s) are: _____, give _____
medication/dose/route

Then call:

2. Mother _____, Father _____, or
emergency contacts _____
3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ ACTION FOR MAJOR REACTION ◆

1. If symptom(s) are: _____
give _____ IMMEDIATELY!
Medication/dose/route

Then call:

2. Rescue Squad **911** (ask for advanced life support)
3. Parents (see above phone numbers)
4. Dr. (see above)

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent signature _____ Date _____ Doctor's Signature _____ Date _____