

# ALLERGY ACTION PLAN

Place  
Student's  
Picture  
Here

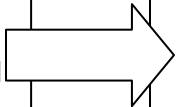
Name \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ Asthma:  Yes (higher risk for reaction)  No

**Any SEVERE SYMPTOMS after suspected or Known exposure**

**One or more of the following:**  
**Short of breath, wheeze, coughing**  
**Pale, blue, faint, weak pulse, dizzy, confused**  
**Chest tight, hoarse voice, trouble breathing or swallowing**  
**Tongue and/or lips swelling**  
**Hives on body**  
**Vomiting, crampy stomach pain**



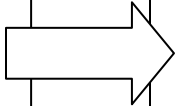
- 1. INJECT EPINEPHRINE IMMEDIATELY**
  - 2. Call 911**
  - 3. Begin Monitoring**
  - 4. Give additional medications:\***
    - Antihistamine
    - Inhaler if asthma
- \*Antihistamines & Inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE

**MILD SYMPTOMS ONLY:**

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face  
Mild itch

GUT: Mild Nausea/discomfort



- 1. GIVE ANTIHISTAMINE**
- 2. Stay with student; alert healthcare professionals and parent**
- 3. If symptoms progress (see above) USE EPINEPHRINE**
- 4. Begin monitoring (see box below)**

## Medications/Doses

Epinephrine (brand/dose): \_\_\_\_\_

Antihistamine (brand/dose): \_\_\_\_\_

Other (inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**MONITORING**  
**Stay with student; Call 911 and parent.** Tell EMS that epinephrine was given. Note time when ephinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. Treat student even if parents cannot be reached. See back/attached for epinephrine injection technique

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Physician Phone: \_\_\_\_\_

FAX: \_\_\_\_\_