

## 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 or Auvi Q 0.3mg / EpiPen®Jr. 0.15 mg or AuviQ o.15mg or Mylan Brand Generic Epinephrine  
 Administer 2<sup>nd</sup> dose if symptoms do not improve in 15 – 20 minutes or sooner if noted \_\_\_\_\_

**Antihistamine:**  
 give \_\_\_\_\_  
(Medication/dose/route)

**(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!)

To be completed by healthcare provider

**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.

