Allergy Action Plan

Child’s Name: ___________________ DOB: ___________________

Allergy to ________________________________

Asthmatic? Yes* No  *Higher risk for severe reaction

STEP 1 – ASSESSMENT
The severity of symptoms can quickly change. †Potentially life threatening.

<table>
<thead>
<tr>
<th>Symptoms:</th>
<th>Give checked Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a student has been exposed to/ingested an allergen but has NO symptoms</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Mouth:</strong> Itching, tingling, or swelling of lips, tongue, mouth</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Skin:</strong> Hives, itchy rash, swelling of the face or extremities</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Gut:</strong> Nausea, abdominal cramps, vomiting, diarrhea</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Throat:</strong> † Tightening of throat, hoarseness, hacking cough</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Lung:</strong> † Shortness of breath, repetitive coughing, wheezing</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td><strong>Heart:</strong> † Thready pulse, low blood pressure, fainting, pale, blueness</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>Other __________________________, ______________________________________</td>
<td>Epinephrine  Antihistamine</td>
</tr>
</tbody>
</table>

If reaction is progressing, (several of the above areas affected)  

STEP 2 – TREATMENT

**Epinephrine:** Inject intramuscularly.  
EpiPen®  EpiPen® Jr.  Twinject 0.3mg  Twinject 0.15mg

**Antihistamine:** Give  
__________ antihistamine/dose/route  

**Other:** Give  
__________ medication/dose/route  

(CONTINUED ON BACK)
STEP 3 - EMERGENCY CALLS

PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN.
EPIPEN OR TWINJECT ONLY LAST 15-20 MINUTES

1. Call 911. State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents:______________________________________________________________
   Phone: _____________________________  Phone: _____________________________

EMERGENCY CONTACTS

1. ___________________________________________________________________
   Relation: ___________________________  Tel: ________________________________

2. ___________________________________________________________________
   Relation: ___________________________  Tel: ________________________________

How do I use the EpiPen®?

1. Form fist around EpiPen® and pull off grey cap. Make sure your thumb is closest to the grey cap end, and not over the black end.

2. Place black tip against outer mid-thigh of the child. (Note; there is no need to 'swing and jab')

3. Push HARD until a click is heard or felt and hold in place for 10 seconds

4. Remove the EpiPen® and then call an ambulance. The EpiPen® can only be used once.