

Allergy / Anaphylaxis Action Plan

PLACE
CHILD'S
PICTURE
HERE

Student's Name: _____ D.O.B. _____ Teacher: _____

ALLERGY TO: _____

A special table for lunch/snacks is requested.

ALLERGIC REACTION

Any of these symptoms can represent an allergic reaction:

Mouth: itching and swelling of the lips, tongue or mouth
Skin: hives, swelling of the face or extremities
Gut: nausea, abdominal pain, cramps, vomiting, diarrhea
Throat: tightening of throat, hoarseness, hacking cough
Lungs: shortness of breath, repetitive cough, wheezing
Heart: weak or thready pulse, low blood pressure, fainting, paleness, blue color
Other: _____



TREATMENT for ALLERGIC REACTION

1. Injectable Epinephrine (check one)
 EpiPen® EpiPen Jr ®
 Twinject™ 0.3mg Twinject™ 0.15 mg

2. Antihistamine
 Benadryl _____
 Other _____

3. Other _____

4. Call 911. State that an allergic reaction has occurred and epinephrine has been given

SUSPICIOUS ALLERGIC REACTION

Symptoms: itchy rash or a few hives



TREATMENT for SUSPICIOUS REACTION

1. Antihistamine
 Benadryl _____
 Other _____

2. Call Emergency Contacts (see below)

Emergency Contacts:

1. Name/Relationship	Phone Number(s)	Phone Numbers(s)
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Even if parent/guardian cannot be reached, do not hesitate to medicate or call 911.

2. Dr. _____ **at** _____
(Doctor's name) (Doctor's phone number)

- The school may post this form in a visible location.
- If the patient presents to the emergency department, please monitor the patient for a biphasic reaction for at least _____ hours.
- Two doses of Epinephrine should be kept at school in case a repeat dose is needed.
- The student is capable and has been instructed in the proper method of self administering the medications named above and may carry the medicines during school hours.

Physician/Provider Signature

Parent Signature

Principal Signature

Date: _____

Date: _____

Date: _____

TRAINED STAFF MEMBERS

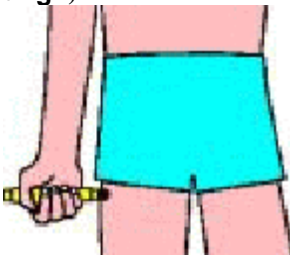
1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

1. Pull off gray safety cap



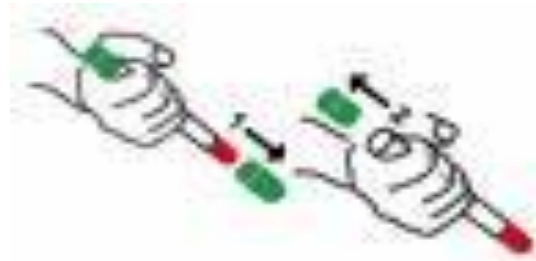
2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3mg and Twinject® 0.15 mg Directions

1. Remove caps labeled "1" and "2".



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



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

1. Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



2. Slide yellow collar off plunger

3. Put needle into thigh through skin, push plunger down all the way, and remove

