

**ALLERGY ACTION PLAN****FOR SEVERE ALLERGY TO:** _____

(Please use more than one form if symptoms/treatments vary for multiple allergies)

**Student's
Name:** _____**DOB:** _____**Teacher:** _____**STUDENT
PHOTO**Asthmatic Yes* No

*Higher risk for severe reaction

STEP 1: TREATMENT**Give Checked Medication******Symptoms:****** (To be determined by physician authorizing treatment)**

If the allergen has been ingested or encountered but <i>no symptoms</i> :		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Throat †	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Lung †	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Heart †	Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Other		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	If reaction is progressing as indicated by several of the above areas being affected, give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

† Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE:**Epinephrine:** inject intramuscularly (circle one and see reverse side for instructions)

Epi-Pen®

Epi-Pen® Jr.

Twinject™ 0.3 mg

Twinject™ 0.15 mg

Adrenaclick™ 0.15 mg

Antihistamine: Administer orally (circle one)

Benadryl 12.5 mg

Benadryl 25 mg

Benadryl 50 mg

Other:**Drug****Strength****Route****IMPORTANT:** Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**STEP 2: EMERGENCY CONTACTS**

- CALL 911.** State that an allergic reaction has been treated and additional epinephrine may be needed.
- NAME/RELATIONSHIP:** _____ **PHONE NUMBER:** _____

PARENT AND PHYSICIAN SIGNATURES REQUIRED FOR TREATMENT TO BE INITIATED

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Doctor's Name _____ Phone _____

Doctor's Signature _____ Date _____

TRAINED STAFF MEMBERS (to be completed by the school nurse)

1. _____
2. _____
3. _____

Room _____

Room _____

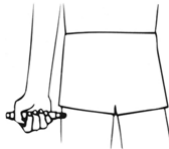
Room _____

EpiPen® Auto-Injector and EpiPen® Jr. Auto-Injector Directions

- First, remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove EpiPen® Auto-Injector and massage the area for 10 more seconds.



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



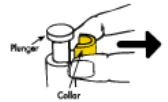
- Remove caps labeled “1” and “2”.
- Place rounded top against outer thigh, Press down hard until needle penetrates. Hold for 10 seconds, then remove.



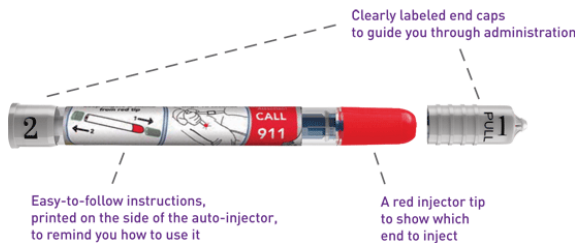
SECOND DOSE ADMINISTRATION:

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

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



AdrenaClick® 0.3 mg and AdrenaClick® 0.15 mg Directions



- Remove grey caps labeled “1” and “2”.
- Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A good allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).