

Allergy Action Plan

Student Name: _____ Birth Date: _____
 School: _____ Grade: _____ Teacher: _____

Place Student
Photo Here

ALLERGIC TO THESE ALLERGENS: _____

- ☐ **Has Asthma** (increases risk for severe reaction)
- ☐ **Severe Allergy previously/suspected—Immediately give epinephrine & call 911— Start with Steps 2 & 3**
- ☐ **Mild Allergy – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1**

► **STEP 1: IDENTIFICATION OF SYMPTOMS*** ◀

* Send for immediate adult assistance

Symptoms:

- If exposed to allergen, or allergen ingested, but **no symptoms**
- **Mouth** – Itching, tingling, or swelling of lips, tongue, mouth
- **Skin** – Hives, itchy rash, swelling of the face or extremities
- **Gut** – Nausea, abdominal cramps, vomiting, diarrhea
- **Throat** – Tightening of throat, hoarseness, hacking cough
- **Lung**** – Shortness of breath, repetitive coughing, wheezing
- **Heart**** – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P. .
- **Other**** – _____
- If reaction is progressing (several of the above areas affected) give

** **Potentially life-threatening.** – Note: The severity of symptoms can quickly change.

Type of Medication to Give:

(Determined by physician authorizing treatment)

- | | |
|---|---|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

<div style="text-align: center;"> EpiPEN® 0.3 mg </div> <div style="text-align: center;"> </div> <div style="text-align: center; margin: 5px 0;">and</div> <div style="text-align: center;"> EpiPEN Jr® 0.15 mg </div> <div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> Mylan generic EAI 0.3 mg </div> <div style="text-align: center;"> Mylan generic EAI 0.15 mg </div> </div> <ol style="list-style-type: none"> 1. Remove EpiPen® from carrier tube. 2. Grasp with orange tip pointing downward. 3. Remove blue safety cap by pulling straight up. 4. Place orange tip against middle, outer thigh (at 90° angle to thigh). 5. Push the pen into the thigh until it "clicks". 6. Hold in place for 3 seconds. 7. Remove EAI and massage the injection site for 10 seconds. <div style="text-align: center; margin-top: 10px;"> </div>	<div style="text-align: center;"> Epinephrine Injection, USP (authorized generic of Adrenaclick®) </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">0.3 mg</div> <div style="text-align: center;">0.15 mg</div> </div> <div style="text-align: center; margin-top: 10px;"> </div> <ol style="list-style-type: none"> 1. Remove EAI from carry case. 2. Pull off blue end caps. 3. Grasp EAI with red tip pointing down. 4. Place red tip against middle, outer thigh (at 90° angle to thigh). 5. Push the EAI into the thigh firmly. 6. Hold in place for 10 seconds. 7. Remove EAI and massage the injection site for 10 seconds. <div style="text-align: center; margin-top: 10px;"> </div>	<div style="text-align: center;"> AUVI-Q® </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">0.3 mg</div> <div style="text-align: center;">0.15 mg</div> <div style="text-align: center;">0.1 mg</div> </div> <div style="text-align: center; margin-top: 10px;"> </div> <ol style="list-style-type: none"> 1. Remove AUVI-Q from outer case. 2. Pull red safety guard down/off AUVI-Q. 3. Place black end of AUVI-Q against middle, outer thigh. 4. Push AUVI-Q firmly until you hear a click. 5. Hold in place for 2 seconds. <div style="text-align: center; margin-top: 10px;"> </div> <p style="font-size: small; margin-top: 5px;">Image Source: AUVI-Q®</p>
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► **STEP 2: GIVE MEDICATIONS** ◀

► **STEP 3: EMERGENCY CALLS** ◀

1. **CALL 911** – *Seek emergency care.* State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call School Nurse
3. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact Names:	Relationship:	Phone Number(s):
a. _____	1.) _____	2.) () () _____
b. _____	1.) _____	2.) () () _____

Parent/Guardian Signature _____ Date _____
 (Required)

Physician/Health Care Provider completes form through Step 2

Physician/HCP Name (Printed) _____ Phone Number: () _____

Physician/HCP Signature (Required) _____ Date: _____

*This form must be renewed annually or with any change in medication.
 The medication administration form must be completed in addition to the allergy action plan.*