



Allergy Action Plan

Name: _____ Date of Birth: _____

Allergy: _____

Weight: _____ lbs. Does your child also have asthma ☐ Yes (higher risk for severe reaction) ☐ No

Extremely reactive to the following: _____

Therefore:

_____ if checked, give epinephrine auto-injector for ANY symptoms if the allergen was likely eaten or exposed

_____ if checked, give epinephrine auto-injector immediately if the allergen was definitely eaten, even if no symptoms were noted.

Any severe symptoms after suspected or known injection:

Lung: Short of breath, wheezing, repetitive cough

Heart: Pale, blue, faint, weak pulse, dizzy, confused

Throat: tight, hoarse, trouble breathing/swallowing

Mouth: Obstructive, swelling (tongue and/ or lips)

Skin: Hives over body or combination of symptoms from different body areas:

Skin: hives, itchy rashes, swelling (e.g. eyes, lips)

Abdominal: Vomiting, crampy pain

Plan:

- Inject epinephrine auto-injector immediately
- Call 911
- Begin monitoring
- Give additional medications:

☐ antihistamine

☐ inhaler (bronchodilator)

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). Use epinephrine auto-injector.

Mild Symptoms only:

Mouth: itchy mouth

Skin: a few hives around mouth and face, mild itch

Abdominal: Mild nausea/discomfort

Plan:

- Give antihistamine
- Stay with the student, alert healthcare professionals, and parents
- If symptoms progress (see above), use the epinephrine auto-injector
- Begin monitoring

Medication/Doses

- Epinephrine auto-injector (brand and dose) _____
- Antihistamine (brand and dose): _____
- Other (e.g. inhaler-bronchodilator if asthmatic): _____

Monitoring:

Stay with the student, and alert healthcare professionals and the parent. Tell the rescue squad epinephrine auto-injector was given, request and an ambulance with epinephrine. Note the time when the epinephrine auto-injector was administered. A second dose of epinephrine auto-injector can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping the student lying on their back with legs raised. Treat students even if parents cannot be reached.

Parent/Guardian Signature

Date

Physician/ Healthcare Provider Signature

Date

Form and instruction must be signed by a physician to be completed and the diocesan medication form is required for the student.

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

A kit must accompany the student when off school grounds (i.e. field trip). This is the responsibility of the teacher of the student to bring medication/administer medication if needed and to also bring emergency medical contact information.