**Allergy Action Plan** School Fax Number: (269) 729-9648

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asthmatic:** **Yes**  No

**Emergency Action Plan Effective Dates: 2017-2018 School Year**

**STEP 1: TREATMENT**

|  |  |
| --- | --- |
| Symptoms:  | Give Checked Medication\*\*:\*\*(To be determined by physician authorizing treatment) |
| • If a food allergen has been ingested, but *no symptoms*:  |  Epinephrine  Antihistamine |
| • Mouth Itching, tingling, or swelling of lips, tongue, mouth |  Epinephrine  Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities |  Epinephrine  Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea |  Epinephrine  Antihistamine |
| • Throat† Tightening of throat, hoarseness, hacking cough |  Epinephrine  Antihistamine |
| • Lung† Shortness of breath, repetitive coughing, wheezing |  Epinephrine  Antihistamine |
| Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness |  Epinephrine  Antihistamine |
| • Other† \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Epinephrine  Antihistamine |
| • If reaction is progressing (several of the above areas affected),give:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Epinephrine  Antihistamine |

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg

Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

medication/dose/route

Other: give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

medication/dose/route

**STEP 2: EMERGENCY CALLS**

1. Call 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Emergency contacts:

Name/Relationship Phone Number(s)

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.)\_\_\_\_\_\_\_\_

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

1. As parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , I give permission for this plan to be available for use in my child’s school, and for the nurse consultant to contact the above named physician by phone, fax, or in writing when necessary to complete this plan.
2. It is understood by parents and physicians that this plan may be carried out by school personnel other than the school nurse. The school’s Registered Nurse is responsible for delegation of this plan to unlicensed school personnel when appropriate.
3. This plan will be reviewed annually and/or whenever the health status or medications change and it is the responsibility of the parent to notify the school nurse of these changes.

|  |  |  |
| --- | --- | --- |
| Physician Signature: |  | Date: |
| Parent Signature: |  | Date: |
| School Nurse Signature: |  | Date: |
| Student Signature: |  |  |

Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals

after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms

affecting multiple systems in the body. The most dangerous symptoms include breathing

difficulties and a drop in blood pressure or shock that are potentially fatal.

Recognizing Signs of Anaphylaxis

Flushing and/or swelling of the face

Itching and/or swelling of the lips, tongue or mouth

Itching and /or sense of tightness in the throat, hoarseness, difficulty breathing

and/or swallowing

Hives, itchy rash and/or swelling about the face, body or extremities

Nausea, abdominal cramps, vomiting

Shortness of breath, repetitive coughing and /or wheezing

Faint, rapid pulse, low blood pressure

Light headedness, feeling faint, collapse

Distress, anxiety and a sense of dread

How a Child Might Describe a Reaction

*Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.*

• This food is too spicy

• My tongue is hot (or burning)

• It feels like something is poking my tongue

• My tongue (or mouth) is tingling (or burning)

• My tongue (or mouth) itches

• It (my tongue) feels like there is hair on it

• My mouth feels funny

• There’s a frog in my throat

• There’s something stuck in my throat

• My tongue feels full (or heavy)

• My lips feel tight

• It feels like there are bugs in there (to describe itchy ears)

• It (my throat) feels thick

•It feels like a bump is on the back of my tongue (throat