



ALLERGY AND ANAPHYLAXIS ACTION PLAN

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

Place
Student
Photo

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

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 |

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

▶ **STEP 2: GIVE MEDICATIONS** ◀

Epinephrine: inject intramuscularly (check one) EpiPen/EpiPen Generic Epinephrine Injection, USP AUVI-Q TEVA

- If Epinephrine is given, paramedics must be called! **PROCEED TO STEP 3 BELOW.**

<input type="checkbox"/> EPIPEN® AUTOINJECTOR DIRECTIONS 1. Remove EpiPen Auto-injector from plastic carrying case. 2. Pull off blue safety release cap. 3. Hold leg to stabilize. 4. Place orange tip against mid-outer thigh and firmly push. Press firmly and hold for 3 seconds. 5. Remove and massage the area for 10 seconds.	<input type="checkbox"/> GENERIC EPINEPHRINE AUTOINJECTOR DIRECTIONS 1. Remove the outer case. 2. Remove both end caps (1 and 2). 3. Hold the leg to stabilize. 4. Place rounded tip against mid-outer thigh. 5. Press down hard until needle penetrates. Hold for 10 seconds. 6. Remove and massage the area for 10 seconds. 7. Needle will be exposed; dispose of per training.	<input type="checkbox"/> AUVI-Q® AUTOINJECTOR DIRECTIONS 1. Remove the outer case; voice command automatically activates. 2. Pull off red safety guard. 3. Hold leg to stabilize. 4. Place black end against mid-outer thigh. 5. Press firmly and hold for 2 seconds. 6. Remove and massage the area for 10 seconds.	<input type="checkbox"/> TEVA GENERIC AUTOINJECTOR DIRECTIONS 1. There is no outer case for this device. 2. Twist the yellow or green cap in the direction of the "twist arrow" to remove cap. 3. Pull off the blue safety release cap. 4. Hold leg to stabilize. 5. Place orange tip against mid-outer thigh and firmly push until you hear a click. Hold firmly in place for 3 seconds. 6. Remove and massage the area for 10 seconds.

▶ **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 completes form through Step 2
 Physician Name (Printed) _____ Phone Number: _____
 Physician Signature _____ Date: _____
 (Required)

The **Medication Administration Form** must be completed in addition to this **Allergy Action Plan**
 This form must be renewed annually or with any change in medication.