

Allergy Action Plan

Student	Name:			Birth Date:			
School:			Grade:	Teacher:		Place Student	
ALLE	RGIC TO T	HESE ALLERGE	NS:			Photo Here	
☐ Has	Asthma (increa	ases risk for severe reac	tion)			11101011010	
☐ Sev	Severe Allergy previously/suspected—Immediately give epinephrine & call 911—Start with Steps 2 & 3						
☐ Mil	Mild Allergy – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1						
► <u>STEP 1: IDENTIFICATION OF SYMPTOMS</u> * * Send for immediate adult assistance							
Symptoms:				Type of Medicatio (Determined by physicia			
>	If exposed to a	allergen, or allergen in	gested, but no sympt	oms	Epinephrine	☐ Antihistamine	
A	Mouth -	Itching, tingling, or swe	elling of lips, tongue, n	outh	Epinephrine	Antihistamine	
A				mities	Epinephrine	☐ Antihistamine	
>		0.000		1	Epinephrine	☐ Antihistamine	
A				gh	Epinephrine	☐ Antihistamine	
A	Lung** –	Shortness of breath, rep	etitive coughing, whee	zing	Epinephrine	☐ Antihistamine	
>	_			s, weak pulse, low B/P	Epinephrine	☐ Antihistamine	
>	Other** -	•			Epinephrine	☐ Antihistamine	
>	If reaction is p	rogressing (several of th	ne above areas affected) give	Epinephrine	☐ Antihistamine	
	_	e-threatening Note: The					
► <u>STEP 2: GIVE MEDICATIONS</u> < (Twinject TM NOT Recommended for School Use)							
Epinephrine: inject intramuscularly (check one) ☐ EpiPen® ☐ EpiPen Jr® ☐ Twinject™ 0.3 mg ☐ Twinject™ 0.15 mg							
 If Epinephrine is given, paramedics must be called! PROCEED TO STEP 3 BELOW. 							
•	If Epinephrin	e is given, paramedics	must be called! PRO	OCEED TO STEP 3 BELO	O VV.		
• Antihi	If Epinephrin istamine/othe		must be called! PRO	(Medication name & amount)	by	(route/method)	
• Antihi	istamine/othe	r: give		(Medication name & amount)	by	(route/method)	
•	istamine/othe Notify parents	er: give on school nurse • O	bserve for increasing s	(Medication name & amount) severity of symptoms • C	byCall 911 as needed		
• IMPO	istamine/othe Notify parents RTANT: Do No	er: give and school nurse • O OT depend on asthma	bserve for increasing s	(Medication name & amount)	byCall 911 as needed		
• IMPO	istamine/othe Notify parents RTANT: Do NotiPen Directions Pull off the GI	er: give and school nurse • O OT depend on asthma s: RAY Safety Cap	bserve for increasing sinhalers and/or antil	(Medication name & amount) severity of symptoms • Constamines to replace epin	by	reaction.	
IMPO Ep a. b.	istamine/othe Notify parents RTANT: Do NotiPen Directions Pull off the GI Place BLACK	er: give and school nurse • O OT depend on asthma s: RAY Safety Cap TIP near OUTER-UPP	bserve for increasing s inhalers and/or antil PER THIGH	(Medication name & amount) severity of symptoms • Constamines to replace epin	by Call 911 as needed ephrine in a severe ne EpiPen can be injec	reaction.	
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This form must be renewed annually or with any change in medication.

The <u>Medication Administration Form</u> must be completed in addition to this <u>Allergy Action Plan</u>