

Allergy Action Plan

Attach Scholar's Photo Here

Scholar	D.O.B:	_Teacher:	_School:					
ALLERGY TO:	P	Past Reaction Type:						
Asthmatic Yes* No *Higher	risk for severe reaction							
	STEP 1: TREATMENT	<u>r</u>						
Symptoms: Give Checked Medication								
If a food allergen has been ingested, but no sym		E determined by physi EpiPen	cian authorizing treatment) Antihistamine					
Mouth Itching, tingling, or swelling of lips,	tongue, mouth	☐ EpiPen	☐ Antihistamine					
Skin Hives, itchy rash, swelling of the face	e or extremities	☐ EpiPen	Antihistamine					
Gut Nausea, abdominal cramps, vomiting.	, diarrhea	☐ EpiPen	Antihistamine					
Throat * Tightening of throat, hoarseness, ha	cking cough	☐ EpiPen	Antihistamine					
Lung * Shortness of breath, repetitive cough	ing, wheezing	E piPen	Antihistamine					
Heart * Weak, thready pulse, low blood pres	sure, fainting, pale, bluen	ess	☐ Antihistamine					
Other *		□ EpiPen	Antihistamine					
If Reaction is progressing (several of the a	bove areas affected), giv	e:	Antihistamine					
***The severity of symptoms can quickly change. *	* Potentially life-threatening	7						
DOSAGE Epinephrine: Route to administer	\square Tv	oiPen 0.3mg vinject 0.3mg uvi-Q 0.3mg	☐ EpiPen Jr. 0.15mg ☐ Twinject 0.15mg ☐ Auvi-Q 0.15mg					
Other medicine:								
☐ Give second epinephrine dose afterminutes if no improvement and EMS has not arrived.								
Antihistamine:	76 V (1 / 1)	(D)						
Other Medication to administra	Medication / Dose	e / Koute						
Other Medication to administer:								
 Call 911. Tell them that a child is having an allergic reaction and may need epinephrine when they arrive. After epinephrine has be given, lay the scholar flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. Even if parent/guardian cannot be reached, do not hesitate to medicate and have scholar transported to the nearest medical facility. Transport to ER even if systems resolve. 								
Parent/Guardian:///	Signature	Date To	elephone Number					
Physician/	oignatui e	/ / /	acphone Number					
Print Print	Signature	Date Te	elephone Number					

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EMERGENCY CONTACTS

	Name	Relationship	Number(s)
1.			
2.			
3.			

DIRECTIONS

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- 1. Remove the EpiPen Auto-Injector from the plastic carrying case.
- 2. Pull off the blue safety release cap.
- 3. Swing and firmly push orange tip against mid-outer thigh.
- 4. Hold for approximately 10 seconds.
- 5. Remove and massage the area for 10 seconds.





AUVI-QTM (EPINEPHRINE INJECTION, USP) DIRECTIONS

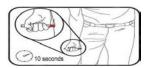
- 1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- 2. Pull off red safety guard.
- 3. Place black end against mid-outer thigh.
- 4. Press firmly and hold for 5 seconds.
- 5. Remove from thigh.





ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

- 1. Remove the outer case.
- 2. Remove grey caps labeled "1" and "2".
- 3. Place red rounded tip against mid-outer thigh.
- 4. Press down hard until needle penetrates.
- 5. Hold for 10 seconds. Remove from thigh.



SELF-ADMINISTRATION OF PRESCRIPTION ANAPHYLAXIS MEDICINE

(To be completed by the Authorizing Physician)								
	It is my professional opi to carry and self-admini events.	nion that ster any of his/her	anaphylaxis med	(scholar's a licine while on school	name) <i>should</i> <u>NOT</u> be allowed oll property or at school related			
	It is my professional opinion that (scholar's name) <i>should</i> be allowed to carry and self-administer while on school property or at school-related events. I have instructed the student in the proper way to self-administer the anaphylaxis medicine. The student is knowledgeable about the medicine and how to administer it.							
		/		/				
Physician (Print Name)		Sig	gnature	Date				
(To be completed by Parent/ Legal Guardian)								
APPLICABLE ONLY IF THE CRITERIA HAS BEEN IS MET TO SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE I give permission for my scholar to self-administer the prescribed medication listed above, in accordance with the physician's order, while on school property or at a school-related event or activity. Self-administration must be done in compliance with the prescription and state law.								
		/		/				
Pa	rent/Guardian (print)		Signature	Dat	e			