



Allergy Action Plan: P3 -8 Peanut Free

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



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:

Type of Medication to Give:

(Determined by physician authorizing treatment)

- 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

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

STEP 2: GIVE MEDICATIONS

Epinephrine: inject intramuscularly (check one) EpiPen EpiPen Jr

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

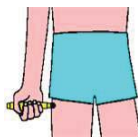
Antihistamine/other: give (Medication name & amount) by (route/method)

- Notify parents and school nurse
Observe for increasing severity of symptoms
Call 911 as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- Pull off the GRAY Safety Cap
Place BLACK TIP near OUTER-UPPER THIGH
Swing and jab firmly until hearing or feeling a click
Hold EpiPen in place 10 SECONDS, remove, massage area
Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
The individual may feel his/her heart pounding.
This is a normal reaction to the medication.

STEP 3: EMERGENCY CALLS

- CALL 911 – Seek emergency care. State that an allergic reaction has been treated, and additional epinephrine may be needed.
Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Table with 3 columns: Parents/Emergency Contact Names, Relationship, Phone Number(s). Rows for contact 1 and 2.

Parent/Guardian Signature (Required) Date

Physician completes form through Step 2

Physician Name (Printed) Phone Number: ()

Physician Signature (Required) Date: