



Allergy and Anaphylaxis Action Plan

School: _____

Name		Date of Birth	Effective Date
Healthcare Provider:		Parent/Guardian Name:	Emergency Contact Name:
Healthcare Provider Phone Number/Fax number: /		Parent/Guardian Phone Number:	Emergency Contact Phone Number:

Child has allergy to:

Please answer the following:

- Child has asthma Yes No (if yes, higher chance for severe reaction)
 Child has had anaphylaxis Yes No
 Child may carry medicine Yes No
 Child may give him/herself medication Yes No

***IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

Mild Allergic Reaction	
Symptoms	Treatment
<ul style="list-style-type: none"> Itchy nose, sneezing, itchy mouth A few hives Mild stomach nausea or discomfort 	Stay with child and: <ul style="list-style-type: none"> Monitor child closely Give antihistamine if prescribed or per standing orders if indicated Call parents If symptoms of severe allergy/anaphylaxis develop, see below
Severe Allergy and Anaphylaxis	
Symptoms	Treatment
<p>If the child has <u>any</u> of these symptoms after exposure to allergen, give epinephrine.</p> <ul style="list-style-type: none"> Shortness of breath, wheezing, or coughing Pale or blue skin color Weak pulse Fainting or dizziness Tight or hoarse throat Difficulty breathing or swallowing Swelling of lips or tongue that effect breathing Vomiting or diarrhea (if severe and combined with other symptoms) Many hives or redness over body Feeling of "doom," confusion, altered consciousness, or agitation 	<ol style="list-style-type: none"> Give epinephrine right away! Note time when epinephrine was administered Call 911 (or ask another staff member) Stay with child and: <ul style="list-style-type: none"> Call parents Give second dose of epinephrine, if symptoms worsen, or do not improve within 5 minutes Keep child lying down on his/her side Give other medicine, if prescribed (antihistamine, bronchodilator). Do not use other medication in place of epinephrine.

Medicine/Doses to be Administered

Epinephrine intramuscular, please select: 0.15mg per dose (equivalent to Epi-pen Jr) 0.3mg per dose (equivalent to epi-pen)

Antihistamine (drug, route, dose): _____

Bronchodilator: _____

Healthcare Provider Signature

Date

Parent/Guardian Signature

Date

If child rides the bus, do you wish for this information to be shared with the bus driver? Yes No

If so, additional paperwork will be sent home with the child to ensure that bus driver is trained on allergy/anaphylaxis care.