



# Bartow County School System Clinic Form ANAPHYLAXIS ACTION PLAN

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Allergy: Insect Sting \_\_\_ Food \_\_\_ Latex \_\_\_ Medication \_\_\_ Pollen(s) \_\_\_  
 Food Allergies: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 History of anaphylaxis: YES \_\_\_ NO \_\_\_  
 History of asthma? (high risk for severe reaction) YES \_\_\_ NO \_\_\_  
 Other Health conditions: \_\_\_\_\_  
 Other currently used medications: \_\_\_\_\_

## SIGNS & SYMPTOMS OF ANAPHYLAXIS

- May appear anxious or express a sense of pending doom
- **MOUTH:** itching, swelling of lips and/or tongue
- **THROAT:** itching, tightness, closure, hoarseness
- **SKIN:** itching, hives, redness, swelling
- **GUT:** vomiting, diarrhea, cramps
- **LUNGS:** shortness of breath, cough, wheeze
- **HEART:** weak pulse, dizziness, passing out

**\*Only a few symptoms may be present, can change quickly, and may be life threatening. ACT FAST!!**

**Administer Epinephrine IMMEDIATELY if 2 or more of the above symptoms are present or if exposed to 1 known allergen.**

*Physician to complete the following (marking dosage and prescribed additional meds):*

## EPINEPHRINE IS THE FIRST LINE OF TREATMENT

What to do in order of importance:

1. ACT IMMEDIATELY: Inject Auto injectable Epinephrine in thigh (Note the time given)
  - Jr. Strength Dosage (0.15mg) \_\_\_\_\_
  - Regular Strength Dosage (3.0mg) \_\_\_\_\_
2. Call 911
3. After giving the epinephrine, lay the student on his/her back and raise the legs, as respiratory status tolerates, until the ambulance arrives. Observe for signs of improvement.
4. If no improvement in 5-15 minutes, give the second dose of epinephrine.
5. Additional medications to be given (route, dosage, place/time of importance: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT: Asthma inhalers and/or antihistamines can't be depended on in ANAPHYLAXIS**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date