



HEALTH SERVICES



Snowline Joint Unified School District
4075 Neilson Road
P.O. Box 296000
Phelan, CA 92329-6000

District School Nurses

(760) 868-5805 Phone
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ALLERGY ACTION PLAN

Student's Name: _____ D.O.B.: _____

ALLERGY TO: _____

Grade: _____ Teacher: _____

Asthmatic ? ___ Yes * (*High Risk for severe reaction) ___ No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

MILD SYMPTOMS ONLY:

MOUTH: Itchy Mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling – tongue and/or lips
 SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (i.e. lips, eyes)
 GUT: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.**

Medications/Doses :

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique

Parent Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____

EMERGENCY CONTACTS:

1. _____

Relationship: _____ **Phone:** _____

2. . _____

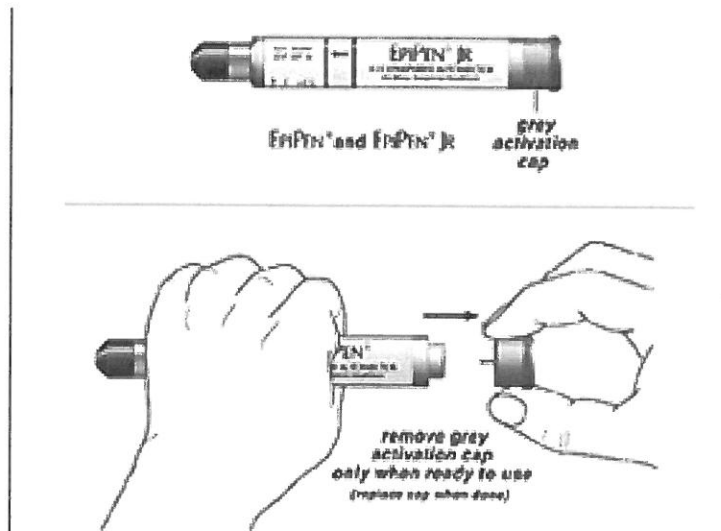
Relationship: _____ **Phone:** _____

3. . _____

Relationship: _____ **Phone:** _____

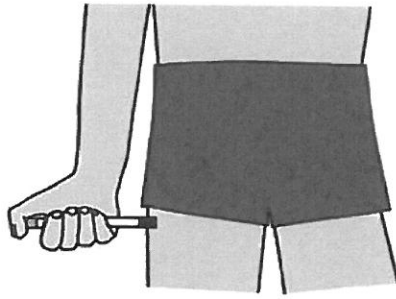
EPIPEN DIRECTIONS:

1. Pull off gray activation cap.



2. Hold black tip near outer thigh.

(always apply to thigh)



- 3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The Epi-Pen unit should then be removed and the injection area massaged for 10 seconds.**