

# Allergy Action Plan

(Non-Food Related Allergy)

(Complete One Form per Allergy – PLEASE PRINT)

Add Student's Photo Here

Date		<input type="checkbox"/> Initial Plan		<input type="checkbox"/> Revised Plan	
Student's Name Last		First		MI	Date of Birth
Student's ID	School	Grade	Teacher		

What is the nature of the student's allergy?

What symptoms does the student exhibit when he/she has an allergic reaction? (check all that apply)

Systems(s):

- MOUTH
- THROAT
- SKIN
- GUT
- LUNG
- HEART

Symptom(s):

- Itching & Swelling of the lips, tongue, or mouth
- Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- Hives, itchy rash, and/or swelling about the face or extremities
- Nausea, abdominal cramps, vomiting, and/or diarrhea
- Shortness of breath, repetitive coughing, and/or wheezing
- "Thready" pulse, "passing out"

### ◆◆ ACTION FOR MINOR REACTION ◆◆

1. If only symptom(s) are: \_\_\_\_\_  
 give \_\_\_\_\_  
 (medication/dose/route)

Then call:

2. Parent/Guardian, or Emergency Contacts

Parent/Guardian	Parent/Guardian	Emergency Contact's Name	Emergency Contact's Name
Phone	Phone	Emergency Contact's Phone	Emergency Contact's Phone

3. Doctor

Doctor's Name	Doctor's Phone	Doctor's Location
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If condition does not improve within \_\_\_\_\_ minutes, follow steps for Major Reaction Below.

### ◆◆◆ ACTION FOR MAJOR REACTION ◆◆◆

1. If anaphylactic reaction is suspected and/or symptom(s) are: \_\_\_\_\_

Give the student \_\_\_\_\_ IMMEDIATELY!  
 (medication/dose/route)

Then call:

2. **9-1-1** (ask for advanced life support)
3. Parent/Guardian, or Emergency Contacts (see names and phone numbers above)
4. Doctor (see name and phone number above)

**DO NOT HESITATE TO CALL 9-1-1!**

Student has permission to transport listed medication to and from school?  YES  NO

### ◆ AUTHORIZATION SIGNATURES ◆

Parent/Guardian Signature	Date
Doctor's Signature	Date

**◇ TRAINED STAFF MEMBERS ◇**

(To be completed by campus personnel)

Name	Room
Name	Room
Name	Room
Name	Room
Name	Room

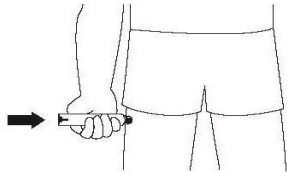
**FOLLOW DIRECTIONS INCLUDED WITH THE ANAPHYLACTIC MEDICATION PRESCRIBED**

**EpiPen Auto-Injector Directions For Use:**

- First, remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.



- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.



- Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

**WARNING**

- EPIPEN®/EPIPEN® JR should be injected only into the outer thigh (see directions for use).
- Store at room temperature (15°-30°C/59°-86°F)
- EpiPen™ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**

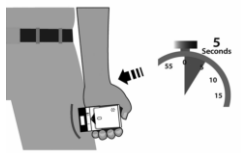
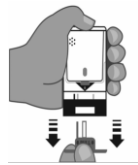
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



**Auvi-Q™ (epinephrine injection, USP) Directions**

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.



Place black end against outer thigh, then press firmly and hold for 5 seconds.



**Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions**

Remove GREY caps labeled "1" and "2."



- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

