

Hooks ISD

School Year _____

BUS # _____

Allergy Emergency Action Plan

Name _____ DOB _____ GRADE _____

Place
Child's

Allergy to _____

Picture
Here

Asthmatic? Yes No *Higher risk for severe reaction
Had previous anaphylaxis Yes No

Step 1: Treatment

<u>Symptoms:</u>	<u>Give Checked Medication:</u> (To be determined by the physician authorizing treatment)	
If a food allergen has been ingested but <i>no symptoms</i> : <input type="checkbox"/> Observe	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Mouth Itching, tingling or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Throat* Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Lung* Shortness of breath, repetitive cough, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Heart* Weak, thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Other*	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
If Reaction is progressing (several of the above areas affected), give:		
	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

*Potentially life threatening. The severity of the symptoms can change quickly.

Monitor for side effects of epinephrine injection: nervousness, palpitations, fast heart rate, sweating, tremor, anxiety, dizziness, headache, nausea, vomiting, or weakness.

DOSAGE

Epinephrine: inject intramuscularly EpiPen® EpiPen Jr.®
 Twinject™ 0.3mg Twinject™ 0.15 mg
 AuviQ 0.3 mg Auvi Q 0.15 mg

Give second epinephrine dose after _____ minutes if no improvement and EMS has not arrived.

Antihistamine: give _____
(medication/ dose / route)

Other: _____
(medication/ dose/ route)

Step 2: Emergency Contacts

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Emergency Contacts:

	Name	Phone #	Relationship
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take the student to a medical facility!

Parent/Guardian Signature _____ Date _____

Dr's Signature(Required) _____ Date _____