

STUDENT ALLERGY ACTION PLAN



Name: _____ Age: _____ D.O.B: _____

Weight: _____ lbs. Asthma: No _____ Yes _____ (higher risk for severe reaction)

Allergic to: _____

Extremely reactive to the following foods/insects: _____

Instructions & Steps:

☐ Give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten or bit/stung by.

☐ Give epinephrine immediately if the allergen was *definitely* eaten or bit/stung, even if no symptoms are present.

Step 1. _____

Step 2. _____

Step 3. _____

Step 4. _____

Step 5. _____

IS IT A **MILD** OR **SEVERE** REACTION? SEE BELOW

SYMPTOMS

MILD SYMPTOMS ONLY:

Mouth: Itchy mouth

Skin: A few hives around mouth/face, mild itch

Gut: Mild nausea/discomfort

ACTION REQUIRED

1. GIVE ANTIHISTAMINE & OTHER ORDERED MEDICATIONS.

2. Give Albuterol if child has asthma
3. Stay with student & call parent.
4. Begin Monitoring (see box below)
5. **If symptoms worsen (see below), GIVE EPINEPHRINE**

SEVERE SYMPTOMS (after suspected or known ingestion or sting of allergen):

One or more of the following:

Lung: Short of breath, wheeze, frequent cough

Heart: Pale, blue, faint, weak pulse, dizzy, confused

Throat: Tight, hoarse, trouble breathing or swallowing

Mouth: Obstructive swelling of tongue or lips

Skin: Many hives over body, itchy rashes, swelling on face

1. INJECT EPINEPHRINE IMMEDIATELY

2. CALL 911
 3. Begin monitoring (see box below)
 4. Give additional ordered medications:
 - antihistamine (Benadryl)
 - bronchodilator (Albuterol) with asthma
 - any other medications prescribed for allergic reaction
- **Benadryl and Albuterol are not used to treat severe allergic reactions. USE EPINEPHRINE!**

Parent/Guardian Signature _____

Date _____

Healthcare Provider Signature _____

Date _____