

# Allergy Action Plan - Secondary Level

Students Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic:  Yes\*  No \*Higher risk for severe reaction

## STEP 1: TREATMENT

### Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. †Potentially life threatening.

### Give Checked Medication\*\*:

(To be determined by physician authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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### DOSAGE

ANTI HISTAMINE: give \_\_\_\_\_ medication/dose/route Is child authorized to carry **one dose** and medicate self? Yes or No

EPINEPHRINE: *inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg*  
Is child authorized to carry medicine and medicate self? Yes or No

OTHER: give \_\_\_\_\_ medication/dose/route

## STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency contacts: Name/Relationship Phone Number(s)

a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

## STEP 3: ACCOMMODATIONS

1. In the cafeteria, does this child need to be seated at a "peanut-free table", where no peanut products are allowed?  YES  NO
2. Please list any other accommodations required in school: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)