



2019-20 ALLERGY ACTION PLAN (Food, Bee/Insects)

Student's Name _____
 Last First Middle Date of Birth

Parent/Guardian _____ Phone _____ Cell Phone _____

Other Emergency Contact _____ Phone _____ Cell Phone _____

Treating Physician _____ Phone _____

ALLERGY

Allergy _____ Weight _____

Asthma: Yes (higher risk for severe reaction) No

FOOD ALLERGY

Extremely reactive to the following foods: _____

_____ If checked, student will self carry EpiPen. All students please provide additional EpiPen to be kept in the health room. Middle and upper school students are encouraged to self carry their emergency medication.

<p>Any SEVERE SYMPTOMS after suspected or known ingestion:</p> <p>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</p> <p>Or combination of symptoms from different body areas: SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips) GUT: Vomiting, cramping abdominal pain, severe diarrhea OTHER: Anxiety, confusion</p>		<ol style="list-style-type: none"> 1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 3. Begin monitoring (see box below) 4. Give additional medications:* -Antihistamine -Inhaler (bronchodilator) if asthma <p>*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.</p>
<p>MILD SYMPTOMS ONLY: MOUTH: Itchy mouth SKIN: A few hives around mouth/face, mild itch GUT: Mild nausea/discomfort</p>		<ol style="list-style-type: none"> 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)

MEDICATIONS/DOSES

Medication	Brand	Dose
Epinephrine		() 0.15 mg IM () 0.3 mg IM
Antihistamine		
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 five 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.

Stamp:

Physician's Signature _____ Date _____ Parent/Guardian's Signature _____ Date _____