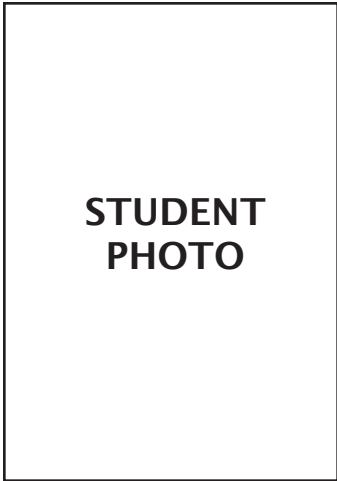


ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN



Student _____

DOB _____ Teacher _____

Allergy to _____

Asthmatic? Yes* No *Higher risk for severe reaction

STEP 1 - TREATMENT

SEND STUDENT TO HEALTH OFFICE ACCOMPANIED BY RESPONSIBLE PERSON.

The severity of symptoms can quickly change. †Potentially life threatening.

Symptoms

Give checked Medication**

***To be determined by physician authorizing treatment*

- | | | |
|--|--------------------------------------|--|
| ◆ If a student has been exposed to/ingested an allergen but has NO symptoms: | <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 coughing, wheezing: | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ◆ Heart† 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 |

DOSAGE **START DATE** _____ **END DATE** _____

Epinephrine: Inject intramuscularly. See reverse side for instructions.

- EpiPen®
- EpiPen® Jr.
- Twinject 0.3mg
- Twinject 0.15mg

Important: Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine in anaphylaxis.

Antihistamine: Give _____
antihistamine/dose/route

Other: Give _____
medication/dose/route

Special Instructions (for health care provider to complete): _____

STEP 2 - EMERGENCY CALLS

PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN. EPIPEN OR TWINJECT ONLY LAST BETWEEN 15-20 MINUTES.

- Call 911 (or Rescue Squad _____). State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.
- Parents _____ Tel _____
- Physician _____ Tel _____

EMERGENCY CONTACTS

1. _____
 Tel: _____

2. _____
 Tel: _____

3. _____
 Tel: _____

Relation: _____

Relation: _____

Relation: _____

TRAINED STAFF MEMBERS

1. _____

2. _____

Room: _____

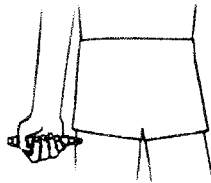
Room: _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

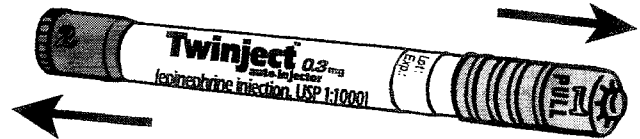


- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions

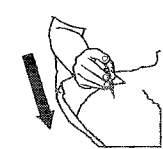
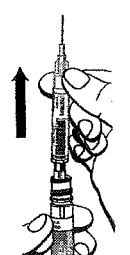


- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



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

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



For children with multiple food allergies, use one form for each food.

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

Parent/Guardian Signature _____

Date _____

Physician Signature _____

Date _____

(Required)