

Individual Healthcare Plan for Severe Allergies/ Anaphylaxis

In addition to the self administration medication form, any student that is required to carry an epi-pen for severe allergies/anaphylaxis should have this healthcare plan completed and signed by the student's physician and parent/ guardian.

# Allergy Action Plan



Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher: \_\_\_\_\_

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

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

## ◆ STEP 1: TREATMENT ◆

**Symptoms:**

**Give Checked Medication \*\*::**

(To be determined by physician authorizing treatment)

- |   |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
|---|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|
| <ul style="list-style-type: none"> <li>• If exposed to an allergen, but no symptoms:</li> <li>• Mouth      Itching, tingling or swelling of lips, tongue, mouth</li> <li>• Skin        Hives, itchy rash, swelling or face or extremities</li> <li>• Gut         Nausea, abdominal cramps, vomiting, diarrhea</li> <li>• Throat<sup>†</sup>    Tightening of throat, hoarseness, hacking cough</li> <li>• Lung<sup>†</sup>      Shortness of breath, repetitive coughing, wheezing</li> <li>• Heart<sup>†</sup>     Thready pulse, low blood pressure, fainting, pale, blueness</li> <li>• Other<sup>†</sup>     _____</li> <li>• If reaction is progressing (several of the above areas affected), give</li> </ul> | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> </table> | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
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| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |

The severity of symptoms can quickly change. <sup>†</sup> Potentially life-threatening

**DOSAGE:**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_ medication/dose/route

**Other:** give: \_\_\_\_\_ medication/dose/route

## ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_) 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**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Required)