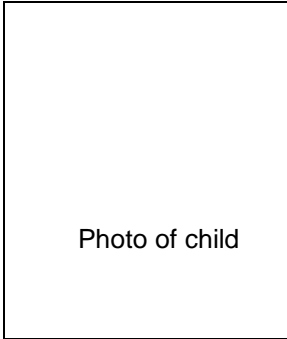


_____ 's **Emergency Allergy Action Plan**

Student's Name

Student's DOB: _____ Site: _____ Teacher: _____



Allergy to: _____
(Do separate order if both insect and food allergy)

Asthma: Yes* No *Higher risk for severe reaction

If stung, or a food allergen has been ingested, but no symptoms:

No medication

Other _____

<p>Any SEVERE SYMPTOMS after suspected or known ingestion: One or more of the following life threatening symptoms: 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 &/or lips) SKIN: Many hives over body Or combination of symptoms from different body areas: SKIN: Hives, itchy rashes, swelling (eyes, lips) GUT: Vomiting, diarrhea, crampy pain</p>		<ol style="list-style-type: none"> <input type="checkbox"/> INJECT EPINEPHRINE IMMEDIATELY <input type="checkbox"/> GIVE ANTIHISTAMINE Call 911 <i>State that an allergic reaction has been treated, and additional epinephrine may be needed</i> Call parents Monitor student Notify Health Services Staff
<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"> <input type="checkbox"/> GIVE ANTIHISTAMINE Stay with student; notify parent, and Health Services Staff Monitor student If symptoms become severe use Epinephrine

Physician Medication Order:

Epinephrine: inject intramuscularly (choose one):

- EpiPen® or Adrenaclick™ (0.3 mg) student 66 lbs or more
- EpiPen® Jr. or Adrenaclick™ (0.15 mg) student 33 to 66 lbs
- Other _____

Antihistamine Brand: _____ **Dose:** _____ **Route:** _____

Pre- School Considerations:

Epinephrine must be available on routine bus ride transportation. Yes No N/A

Physician Signature: _____ Date: _____

Physician Office: _____ Phone: _____ Fax: _____