

Grade: _____

School: _____

Year: _____

ALLERGY ACTION PLAN

Name: _____ DOB: _____

ALLERGY TO: _____ Asthma: Yes (higher risk for a severe reaction) No

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see below), USE EPINEPHRINE, monitor

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, horse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
 2. Call 911
 3. Begin monitoring
 4. Give additional medications.
 - Antihistamine
 - Inhaler (bronchodilator) if asthmatic
- *Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MEDICATIONS/DOSES

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

CONTACTS

Call 911 (Rescue squad: (____) _____ - _____) Doctor: _____ Phone: (____) _____ - _____

Parent/Guardian: _____ Phone: (____) _____ - _____

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

Parent/Guardian hereby acknowledges that if this medication is not self-administered, it will most likely be administered by trained, unlicensed WCPS personnel. By signing this form, the parent/guardian shall acknowledge that the Warren County Board of Education and its employees shall incur no liability as a result of any injury sustained by the student from self-administration of his/her medications to treat asthma or anaphylaxis and the parent/guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self administration of such medication.

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

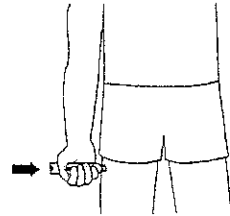
(Required)

**EPIPEN Auto-injector and
EPIPEN Jr Auto-injector Directions**

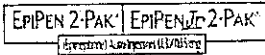
- First, remove the EPIPEN Auto-injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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**Twinject® 0.3 mg and
Twinject® 0.15 mg Directions**



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



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

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

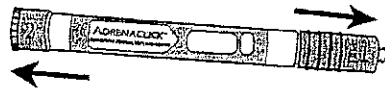


Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



**Adrenaclick™ 0.3 mg and
Adrenaclick™ 0.15 mg Directions**



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should include: Epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

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 5 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. See back/attached for auto-injection technique.