



Allergy Action Plan (Food, Sting, or other Allergen)

Student's Name: _____ Program: _____ Allergic to: _____

Asthmatic: ____ yes* ____ no (* Higher risk for severe reaction)

This child last had an allergic reaction to _____ on (date) _____ that presented as:

SIGNS OF AN ALLERGIC REACTION

<u>System</u>	<u>Symptoms</u>
MOUTH	ITCHING, TINGLING AND/OR SWELLING OF LIPS, TONGUE, MOUTH
THROAT	ITCHING AND/OR TIGHTNESS IN THE THROAT, HOARSENESS AND COUGH
SKIN	HIVES, ITCHY RASH, AND/OR SWELLING OF THE FACE OR EXTREMITIES
GUT	NAUSEA, ABDOMINAL CRAMPS, VOMITING AND/OR DIARRHEA
LUNGS	SHORTNESS OF BREATH, REPETITIVE COUGHING AND/OR WHEEZING
HEART	WEAK OR "THREADY" PULSE, LOW BLOOD PRESSURE, FAINTING, PALE, BLUENESS

The severity of symptoms can quickly change. **Do not send students to the office alone.** Call office/333 for assistance as soon as possible. If epinephrine (EpiPen) is needed and student self-carries, administer medication and then call.

STEP 1: GIVE TREATMENT AS FOLLOWS

MINOR REACTION

If symptoms are: _____

- Give** _____
(Medication/Dose/Route of Administration – as directed on the attached Medication Request Form)
- Notify** parent or other emergency contact.

MAJOR REACTION

If symptoms are: _____

- Give** _____ **IMMEDIATELY!**
(Medication (s)/ Dose/ Route of Administration – as directed on the attached Medication Request Form)
- Call 911.** Call 333 and state that an allergic reaction has been (or needs to be) treated.
- Notify parents, or emergency contacts and physician.

Emergency Contact Information

Name #1: _____ Relationship _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Name #2: _____ Relationship _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____

Phone: _____ Fax: _____

Physician's Signature: _____

Date: _____

Parent Signature: _____

Date: _____

The completed Allergy Action Plan will be on file with the school nurse and a copy will be given to your child's teachers, as necessary.

EpiPen Administration Instructions:

Your EpiPen and EpiPen Jr Auto-Injector



Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube.



Tip and slide the auto-injector out of the carrier tube.



Grasp the auto-injector in your fist with the orange tip pointing downward.

With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

Hold the auto-injector with orange tip near the outer thigh.



Swing and firmly push the orange tip against the outer thigh until it 'clicks'. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.



Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.

Finalize the Injection Process



Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.



Massage the injection area for 10 seconds.

STAFF NOTE: Once EpiPen is used, call the Rescue Squad (911). Give the used EpiPen auto-injector to the EMS staff.

PARENT NOTE: For children with multiple food allergies, consider providing a separate Action Plan for different allergens. If an EpiPen is prescribed and student self-carries, a **SECOND** backup pen **MUST** be in the possession of the school nurse as by law in Ohio Revised Code Sec. 3313.718.