

Anaphylaxis Action Plan

(Anaphylaxis is a potentially life-threatening allergic reaction. Act quickly.)

PICTURE
OF
STUDENT

Name: _____ Allergic to: (1) _____
 D/O/B: _____
 Teacher/Class: _____

Asthmatic (*Check box if YES*) Student has an increased risk of a severe allergic reaction. Epinephrine should be given first (before asthma medications) in case of a reaction with any breathing symptoms.

« 1. TREATMENT »

SIGNS OF AN ALLERGIC REACTION		MEDICATION <small>(indicate medication name/dose/route)</small>	
Category	Symptom(s)	Epinephrine *	Antihistamine
-	No symptoms and <i>suspected</i> ingestion of allergen.	*	
-	No symptoms and <i>known</i> ingestion of allergen.	*	
<i>Mouth</i>	Itching, tingling, or swelling of lips, tongue, or mouth	*	
<i>Nose/Eyes</i>	Hayfever-like symptoms: runny, itchy nose; red eyes	*	
<i>Skin(1)</i>	Localized hives and/or localized itchy rash	*	
<i>Skin(2)</i>	Hives and/or itchy rash on more than one part of the body, swelling of face or extremities	*	
<i>Gut</i>	Nausea, abdominal cramps, vomiting, diarrhea	*	
<i>Throat</i>	Hacking cough, tightening of throat, hoarseness, difficulty swallowing	*	
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough	*	
<i>Heart</i>	Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness)	*	
<i>Multiple</i>	Symptoms from two or more of the above categories.	*	

** If symptoms not improving within 10 minutes of administering epinephrine, give a second dose.*

(As indicated by physician's signature on opposite page, student can safely receive epinephrine - i.e., no contraindications).

« After administering treatment, turn page over for EMERGENCY CONTACTS »

« 2. EMERGENCY CONTACTS »

	NAME	RELATIONSHIP	PHONE NUMBER	INSTRUCTIONS
1	Rescue Squad		911 or _____	* This is the <u>first</u> call that should be made after administering epinephrine. * Indicate on the phone that student is suffering from an allergic reaction and may require additional epinephrine.
2	Dr. _____	Student's allergist or pediatrician		
3		Parent/Guardian		
4		Parent/Guardian		
5				
6				

The aforementioned student is my patient and I have authorized the treatment protocol outlined on the preceding page.

Physician signature and date: _____

I authorize any adult to administer epinephrine to the aforementioned student as per the protocol outlined on the preceding page.

Parent/Guardian signature and date: _____