

# LIFE THREATENING ALLERGY ACTION PLAN

## Emergency Care Plan

Place  
Student  
Picture  
Here

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  YES (*higher risk for severe reaction*)  NO

Extremely reactive to the following foods: \_\_\_\_\_

### THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any **SEVERE SYMPTOMS**  
after suspected or known ingestion:

**One or more** of the following:

LUNG: Shortness of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, 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 rash, swelling (e.g., eyes, lips)  
GUT: Vomiting, diarrhea, crampy pain

### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:\*
  - a. Antihistamine
  - b. Inhaler (bronchodilator) if asthma

\*Antihistamines and inhalers (bronchodilators) are not to be depended upon to treat an severe reaction (anaphylaxis).

**USE EPINEPHRINE.**

### 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 professional and parent
3. IF symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

### Medications/Doses:

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g. inhaler/bronchodilator if asthmatic): \_\_\_\_\_

### 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.

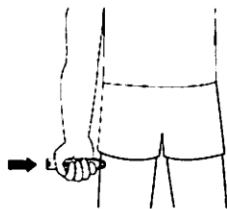
**TURN FORM OVER**

**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 3 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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**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 contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

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

**Time of Administration:**

**Emergency Contacts:**  
Call 911 (Rescue squad: ( ) \_\_\_\_\_) Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Emergency Contacts: Call 911 Rescue Squad**  
Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Staff Training:**

First Training		Second Training	
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date