

# EMERGENCY ALLERGY ACTION PLAN

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

PLACE  
CHILD'S  
PICTURE  
HERE

**CHILD IS ALLERGIC TO:** \_\_\_\_\_

Asthmatic: Yes\*\*  No  \*\*High risk for severe reaction\*\*

## ◆◆◆STEP 1: TREATMENT◆◆◆

### SIGNS OF ALLERGIC REACTION:

- If a food allergen has been ingested, but no symptoms
- **MOUTH** Itching &/or swelling of the lips, tongue, or mouth
- **THROAT** Itching &/or a sense of tightness in the throat, hoarseness, cough
- **SKIN** Hives, itchy rash, &/or swelling in the face or extremities
- **GI TRACT** Nausea, abdominal cramping, vomiting and/or diarrhea
- **LUNG** Shortness of breath, tightness in the chest, repetitive cough, and/or wheeze
- **HEART** Feeling of faintness or dizziness, weak rapid pulse, "passing out"

### GIVE CHECKED MEDICATION

\*To be determined by physician ordering treatment

- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine

*The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.*

### ACTIONS FOR SCHOOL STAFF TO TAKE:

1. If contact with allergen is suspected, notify school nurse & advise to bring emergency medication as indicated above. If nurse unavailable, proceed to #2.
2. Give  EpiPen Jr. (0.15 mg)  Twinject 0.15 mg  
 EpiPen (0.3 mg)  Twinject 0.3 mg
3. Notify office to call 911 and then notify student's parents.
4. Keep student quiet & calm, either sitting or reclining with head elevated.
5. If unable to reach parent/guardian, school staff member must accompany student to Emergency Care Center in ambulance, while office continues trying to contact parent.

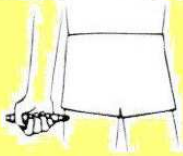
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**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**

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

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.



**EMERGENCY CONTACT NUMBERS:**

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Other—Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse's signature: \_\_\_\_\_

Date: \_\_\_\_\_