

**ONTARIO-MONTCLAIR SCHOOL DISTRICT
Allergy Action Plan**

Student Name: _____ Birth Date: _____
 School: _____ Grade: _____ Teacher: _____



ALLERGIC TO THESE ALLERGENS: _____

- Has Asthma** (increases risk for severe reaction)
- Severe Allergy previously/suspected—Immediately give epinephrine & call 911—** Start with Steps 2 & 3
- Mild Allergy – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1**

▶ **STEP 1: IDENTIFICATION OF SYMPTOMS*** ◀ * Send for immediate adult assistance

Symptoms:

Type of Medication to Give:

(Determined by physician authorizing treatment)

- | | | |
|--|--------------------------------------|--|
| ➤ If exposed to allergen, or allergen ingested, but <i>no symptoms</i> | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Mouth – Itching, tingling, or swelling of lips, tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Skin – Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Gut – Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Throat – Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Lung** – Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Heart** – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P. . | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ Other** – _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ➤ If reaction is progressing (several of the above areas affected) give | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

** Potentially life-threatening. – Note: The severity of symptoms can quickly change.

▶ **STEP 2: GIVE MEDICATIONS** ◀ (Twinject™ NOT Recommended for School Use)

Epinephrine: inject intramuscularly (check one) EpiPen® EpiPen Jr® Twinject™ 0.3 mg Twinject™ 0.15 mg

- If Epinephrine is given, paramedics must be called! **PROCEED TO STEP 3 BELOW.**

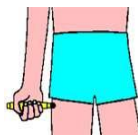
Antihistamine/other: give _____ (Medication name & amount) by _____ (route/method)

- Notify parents and school nurse • Observe for increasing severity of symptoms • Call 911 as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- Pull off the GRAY Safety Cap
- Place BLACK TIP near OUTER-UPPER THIGH
- Swing and jab firmly until hearing or feeling a click
- Hold EpiPen in place **10 SECONDS**, remove, massage area
- Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
 - The individual may feel his/her heart pounding.
 - This is a normal reaction to the medication.

▶ **STEP 3: EMERGENCY CALLS** ◀

- CALL 911** – Seek emergency care. State that an allergic reaction has been treated, and additional epinephrine may be needed.
- Call School Nurse
- Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact Names:	Relationship:	Phone Number(s):
a. _____	1.) _____	2.) () ()
b. _____	1.) _____	2.) () ()

Parent/Guardian Signature _____ Date _____
 (Required)

Physician completes form through Step 2

Physician Name (Printed) _____ Phone Number: ()

Physician Signature _____ Date: _____
 (Required)

*This form must be renewed annually or with any change in medication.
 The Medication Administration Form must be completed in addition to this Allergy Action Plan*