

EMERGENCY ALLERGY MANAGEMENT PLAN

To be completed by MD: Valid for Current School Year _____

Name: _____ DOB: _____ Weight: _____

Allergy to: _____

Asthma: Yes (high risk for severe reaction) No See Asthma Action Plan

Extremely Reactive to: _____

If known exposure, give epinephrine immediately and call 911.

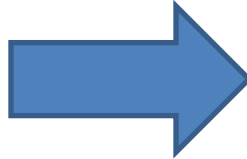
Action for Mild Reaction:

Systems: **Symptoms:**

Mouth: itchy mouth

Skin: minor itching "and/or" a few hives

Gut: mild nausea/discomfort



Liquid

diphenhydramine p.o.
(can be repeated q 4-6 hours)

cetirizine p.o.
(do not repeat)

Dose: _____

Stay with student. Alert parent. If symptoms worsen then follow steps for major reaction.

Action for a Major Reaction: (two symptoms or single severe symptom)

Systems:

MOUTH:

THROAT:

LUNG:

HEART:

SKIN:

GUT:

Symptoms:

swelling of the lips, tongue, or mouth

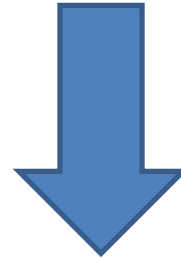
tight throat, hoarseness, drooling, trouble swallowing

shortness of breath, repetitive cough and/or wheezing

thready pulse, faint, confused, dizzy, pale, blue

multiple hives, swelling about the face and neck

abdominal cramps, vomiting



1. Inject Epinephrine immediately intramuscularly

Epipen® Epipen® Jr Auvi-Q™ 0.3mg Auvi-Q™ 0.15mg _____

2. Call RESCUE SQUAD 911 ASK FOR ADVANCED LIFE SUPPORT

- Students should not suddenly sit up, stand or be placed in the upright position. This increases risk for sudden death.

3. Note time epinephrine was given and repeat dose after 5 minutes if no improvement or worsening symptoms.

- Antihistamines and inhalers are not first line therapy in severe reaction.

4. Transport via EMS to the emergency department.

Emergency Contacts:

Parent/Guardian _____ Phone: _____

Other emergency contact _____ Phone: _____

Parent Signature

DATE

Doctor's Signature

DATE