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 **ALLERGY ACTION PLAN**

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_** Place recent photo

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

**Asthmatic \_\_\_YES \_\_\_\_ NO**

**STEP 1: TREATMENT**

**(To be determined by Physician authorizing treatment)**

 **Symptoms Give checked medications**

1. If a food allergen has been ingested but no symptoms \_\_\_ Epipen \_\_\_ Antihistamine

2. Mouth - itching, tingling or swelling of lips, tongue and mouth \_\_\_ Epipen \_\_\_ Antihistamine

3. Skin - hives, itchy rashes, swelling of the face /extremities \_\_\_ Epipen \_\_\_ Antihistamine

4. Gut – Nausea, vomiting, abdominal cramps, and diarrhea \_\_\_ Epipen \_\_\_ Antihistamine

5. Throat – Tightening of throat, hoarseness, hacking cough \_\_\_ Epipen \_\_\_ Antihistamine

6. Lung – Shortness of breath, repetitive coughing, wheezing \_\_\_ Epipen \_\_\_ Antihistamine

7. Heart – Thready pulse, low blood pressure, fainting, pale \_\_\_ Epipen \_\_\_Antihistamine

8. Others – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Epipen \_\_\_ Antihistamine

9. If reaction is progressing (several of the above areas affected) \_\_\_Epipen \_\_\_Antihistamine

 **The severity of symptoms can quickly change. + Potentially life threatening.**

**DOSAGE:**

Epinephrine: Inject intramuscularly \_\_\_\_ Epipen Adult \_\_\_\_Epipen Jr.

Antihistamine: (medication/dose/route): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 2: EMERGENCY CALLS**

1. **Call 998**. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Emergency contacts:

 Name Relationship Phone numbers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Even if parent /guardian can’t be reached, don’t hesitate to medicate or take the child to medical facility.**

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_