

Allergy Action Plan

Student's Name: _____ D.O.B: _____

ALLERGY TO: _____

Asthmatic: Yes* No *Higher risk for severe reaction

SIGNS OF AN ALLERIC REACTION

Systems: Symptoms:

MOUTH Itching, tingling, or swelling of lips, tongue, mouth

SKIN Hives, itchy rash, swelling of the face or extremities

GUT Nausea, abdominal cramps, vomiting, and diarrhea

THROAT† Tightening of throat, hoarseness, hacking cough

LUNG† Shortness of breath, repetitive coughing, wheezing

HEART† Weak or thready pulse, low blood pressure, fainting, pale, blueness

†Potentially life-threatening. The severity of symptoms can quickly change.

ACTION FOR A MINOR REACTION

1. If only symptom(s) are mild cutaneous and do not involve any other systems then

give: Benadryl _____ tsp or _____ mg QID PRN

If condition does not improve within 10 minutes, follow steps for a major reaction below:

Then call:

2. Mother: _____ Father: _____

3. Doctor: _____ at _____

ACTION FOR A MAJOR REACTION

1. If ingestion is suspected and/or symptoms are severe swelling, hives, trouble breathing or passing out

give: EpiPen _____ mg IM to outer thigh **IMMEDIATELY!**

Then call:

2. **911** or Rescue Squad (ask for advanced life support)

3. Mother: _____ Father: _____

4. Doctor: _____ at: 508-757-1589

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____