

Allergy Action Plan
BCPS Emergency Health Care Plan

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

If an allergic reaction has occurred the following Action is needed:

Medications/ Doses: Epinephrine prn **severe** allergic response via IM: circle one:

0.3mg Auto-injectable Epinephrine 0.15mg Auto-injectable Epinephrine

Oral Antihistamine (Diphenhydramine) (dose) prn **mild** allergic response:

Other (i.e. Inhaler-bronchodilator) _____

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring (see box at bottom of page)

4. Give additional medication
-Antihistamine
-Inhaler (bronchodilator) if asthma

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

GUT: Mild nausea/discomfort

1. GIVE ANTIHISTAMINE

2. Stay with student; alert nurse and parent

3. If symptoms progress (see above), **USE EPINEPHRINE**

4. Begin monitoring

Monitoring: *Stay with student; alert healthcare professionals and parent.* Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first, if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Possible side effects of Epinephrine administration include but are not limited to:

- Upset stomach, dizziness, sweating, nervousness, apprehension, pale skin, headache, anxiety, tremors or shakiness, rapid heart rate, stronger or irregular heartbeat

Possible side effects of Diphenhydramine administration include but are not limited to:

- Tiredness, sleepiness, dry mouth (not allowed to drive after administration)

Self-Administration is determined by the physician and applies to Inhaler or Auto-Injectable Epinephrine for any student.

The following child _____ has knowledge of this medication and has demonstrated the capability of self-administering this medicine. **Physician Must Circle Below**

Inhaler

Auto-Inject Epinephrine

This child needs supervision and therefore **may not** carry:

Inhaler

Auto- Inject Epinephrine

Mother _____

TP# _____

Father _____

TP# _____

Other _____

TP# _____

Doctor _____

TP# _____

**Do Not Hesitate to Administer Medication or Call Rescue Squad
Even If Parent or Doctor Cannot Be Reached**

I give permission for trained school personnel to follow this medical plan, administer auto-injectable epinephrine, oral antihistamine, and other emergency care for my child, and contact the physician if necessary. I assume full responsibility for providing the school with the medication and supplies needed, and providing medical updates as indicated. I also consent to the release of the information contained in this plan to any staff members that may need to know this information to maintain my child's health and safety. I understand that this care plan is valid for the current school year only. I give permission to fax this form to my child's medical office and school clinic and for school staff to speak with my child's doctor regarding this care plan or my child's condition.

Parent/Guardian Signature _____ **Date** _____

Physician/Healthcare Provider Signature _____ **Date** _____