



Life Threatening Allergy Action Plan Emergency Care Plan

Student: _____ ID#: _____ Date of Birth: _____

Grade: _____ School Year: _____ Teacher: _____ School: _____

Allergic to: _____



Asthma: YES * NO *Higher risk for severe reaction

Body System

Throat*

Lungs*

Heart*

Mouth:

Skin:

Gut:

*Potentially life threatening.

Signs/Symptoms

Tightening of throat, hoarseness, hacking cough.

Shortness of breath, repetitive coughing, wheezing.

Thready pulse, low blood pressure, fainting, pale, blue skin color.

Itching, tingling, swelling of lips, tongue, mouth.

Hives, itchy rash, swelling of face or extremities.

Nausea, abdominal cramps, vomiting, diarrhea.

The severity of symptoms can quickly change.

Step 1: Treatment

Epinephrine: Inject intramuscularly (circle one) EPIPEN®Jr. / EPIPEN® Call EMS if given

Antihistamine: Give _____
Medication/Dose/Route

Other: Give _____
Medication/Dose/Route

Step 2: Emergency Calls

Once EpiPen® is used, call EMS (9-911).

Contacts: Parent/Guardian: _____, **H:** _____; **W:** _____; **C:** _____

Contacts: Parent/Guardian: _____, **H:** _____; **W:** _____; **C:** _____

Contacts: Alternative: _____, **H:** _____; **W:** _____; **C:** _____

Does this student have physician authorization to self-administer this medication and to carry this medication on himself/herself?

Yes No

Other trained staff/location:

1. _____

2. _____

Date of Plan: _____

Physician's Signature: _____


Parent Signature: _____

RN Signature: _____

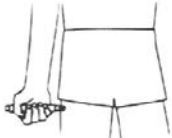
Reviewed 7/2014

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.