

RICHMOND COUNTY PUBLIC SCHOOLS

Allergy Action Plan – Emergency Care Plan

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ Asthma: [] Yes (higher risk for severe reaction) [] No

Extremely reactive to the following: _____

THEREFORE:

[] If checked, give epinephrine immediately for ANY symptoms if there was likely exposure to the allergen.

[] If checked, give epinephrine immediately if there was definitely an exposure to the allergen, even if no symptoms are noted.

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: May Hives over body or combination of symptoms from
different body areas:

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

Gut: Vomiting, diarrhea, cramps/pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring (see box below)

4. Give additional medications: **

-Antihistamine

-Inhaler (bronchodilator) if asthma

**Antihistamines and inhalers are not to be
depended upon to treat a severe reaction
(anaphylaxis). USE EPINEPHRINE

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 student's
physician and parent(s)

3. If symptoms progress, (SEE ABOVE)
Use Epi-Pen

4. Begin monitoring (SEE BELOW)

Medications/Doses:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g. inhaler-bronchodilator if asthmatic, brand and dose): _____

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 reoccur. For a severe reaction, consider keeping student lying on back with legs raised.

Emergency Contact Numbers on back of form. Treat student even if parents cannot be reached.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

***Turn form over to complete emergency contact numbers.