



# ALVIN INDEPENDENT SCHOOL DISTRICT

## Allergy/Anaphylaxis Action Plan

Student's Name: \_\_\_\_\_

Student's I.D. #: \_\_\_\_\_

School Year: \_\_\_\_\_

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

History of Asthma:  No  Yes (Higher risk for severe reaction)



<b>RECOGNITION AND TREATMENT:</b> To be completed by Health Care Provider ONLY		<b>GIVE CHECKED MEDICATION</b> (Then See protocol below)	
<input checked="" type="checkbox"/>	If food ingested or contact with allergen occurs:	<b>EPINEPHRINE</b>	<b>ANTIHISTAMINE</b>
	No symptoms noted: Observe for symptoms for _____ minutes		
	Mouth Mild itching, tingling, or swelling of lips, tongue, mouth		
	Skin Hives, itchy rash, swelling of face		
<input type="checkbox"/>	Gut Nausea, abdominal cramps, vomiting, diarrhea		
<input type="checkbox"/>	Throat Tightening of throat, hoarseness, hacking cough		
<input type="checkbox"/>	Lung Shortness of breath, repetitive coughing, wheezing		
<input type="checkbox"/>	Heart Thread pulse, low BP, fainting, pale, blueness		
<input type="checkbox"/>	Neuro Disorientation, dizziness, loss of consciousness		
<b>IF REACTION IS PROGRESSING:</b> (several of the above <u>checked</u> ✓) areas affected)			
<b>POTENTIALLY LIFE-THREATENING. THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE.</b>			

<p align="center"><b><u>EPINEPHRINE PROTOCOL</u></b></p> <ol style="list-style-type: none"> <li><b>INJECT EPINEPHRINE IMMEDIATELY</b></li> <li>Call 911</li> <li>Begin monitoring (See box below)</li> <li>Give additional medications:⇒  <ol style="list-style-type: none"> <li>Antihistamine</li> <li>Inhaler (bronchodilator) if asthma</li> </ol> </li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Antihistamines and inhalers/bronchodilators are not to be depended upon to treat a severe reaction anaphylaxis). <b>USE EPINEPHRINE.</b> </div>	<p align="center"><b><u>ANTIHISTAMINE PROTOCOL</u></b></p> <ol style="list-style-type: none"> <li><b>GIVE ANTIHISTAMINE</b></li> <li>Stay with student: alert parent and health care professionals</li> <li>If symptoms progress, (see checked items above), <b>USE EPINEPHRINE PROTOCOL.</b></li> </ol>
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### MEDI CATIONS /DOSES

Epinephrine (Brand and Dose): \_\_\_\_\_

Antihistamine (Brand and Dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

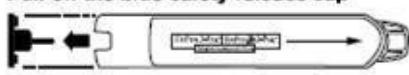
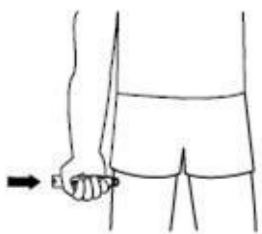

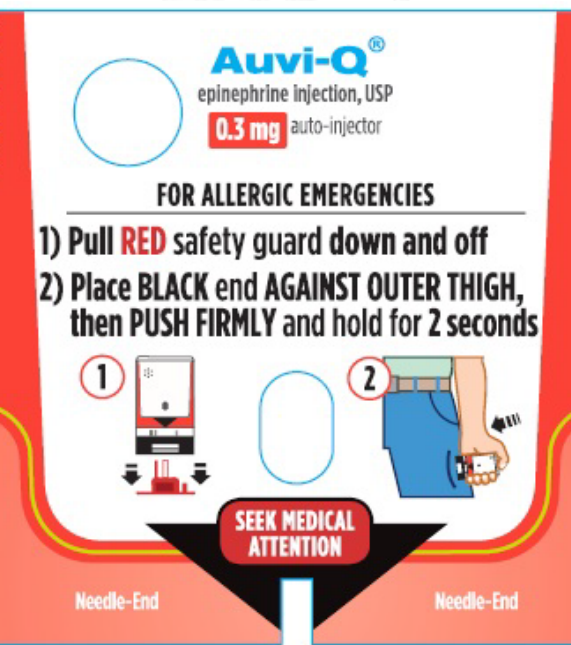



**MONITORING**

**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.** See page 2 for auto-injection

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

Physician/Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

<p><b>EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</b></p> <ul style="list-style-type: none"> <li>First, remove the EPIPEN Auto-Injector from the plastic carrying case</li> <li>Pull off the blue safety release cap</li> </ul>  <ul style="list-style-type: none"> <li>Hold orange tip near outer thigh (always apply to thigh)</li> </ul>  <p>Swing firmly push orange tip against outer thigh until click heard. Hold in place for 3 full seconds. Dial 9-1-1</p>  <p><small>DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.</small></p>	 <p><b>Auvi-Q®</b> epinephrine Injection, USP <b>0.3 mg</b> auto-injector</p> <p><b>FOR ALLERGIC EMERGENCIES</b></p> <ol style="list-style-type: none"> <li>1) Pull <b>RED</b> safety guard down and off</li> <li>2) Place <b>BLACK</b> end <b>AGAINST OUTER THIGH</b>, then <b>PUSH FIRMLY</b> and hold for 2 seconds</li> </ol>  <p><b>SEEK MEDICAL ATTENTION</b></p> <p>Needle-End Needle-End</p>
<p><b>Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions</b></p>  <p>Remove <b>GREY</b> caps labeled "1" and "2."</p>  <p>Place <b>RED</b> rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</p>	<p>A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.</p> <p>A kit must accompany the student if he/she is off school grounds (i.e., field trip).</p>

**CONTACTS**

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Healthcare Provider name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

Name/Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_