

**SERIES 400
STUDENTS**

Administrative Exhibit 453.4 (5)

ALLERGY ACTION PLAN

Student Name: _____ D.O.B. _____ Teacher/Grade _____

ALLERGY TO: _____

Asthmatic: Yes* _____ No _____ *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

- If a food allergen has been ingested, but no 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, diarrhea
- Throat # Tightening of throat, hoarseness, hacking cough
- Lung # Shortness of breath, repetitive coughing, wheezing
- Heart # Thready pulse, low blood pressure, fainting, pale, blueness
- Other # _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication:**

** To be determined by physician authorizing treatment

- | | |
|---------------|-----------------|
| __Epinephrine | __Antihistamine |
| __Epinephrine | __Antihistamine |
| __Epinephrine | __Antihistamine |
| __Epinephrine | __Antihistamine |
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| __Epinephrine | __Antihistamine |

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15mg
(See reverse side for instructions)

Antihistamine: give _____
Medication/Dose/Route

Other: give _____
Medication/Dose/Route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parents _____ Phone Numbers _____

4. Emergency Contacts

Name/Relationship Phone Numbers

a. _____ 1) _____ 2) _____

b. _____ 1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE CHILD AND/OR CALL 911!!

Parent/Guardian Signature _____ Date _____

Doctor's Signature (Required) _____ Date _____

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

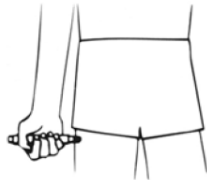
Room _____

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.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



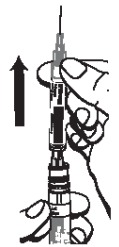
- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

Date of Adoption: October 18, 2006

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