

Life-Threatening Allergy Management Plan

To be completed by MD: Valid for Current School Year _____

Name: _____ DOB: _____ Weight _____

Allergy to: _____

Asthma: Yes (high risk for severe reaction) No See Asthma Action Plan

Extremely Reactive to: _____

If known exposure, give epinephrine immediately and call 911.

Action for Mild Reaction:

Systems:

Mouth:

Skin:

Gut:

Symptoms:

itchy mouth

minor itching "and/or" a few hives

mild nausea/discomfort



Liquid

diphenhydramine (12.5mg/5ml) p.o.
(can be repeated q 4-6 hours)

cetirizine (5mg/5ml) p.o.
(do not repeat)

Dose: _____

Stay with student. Alert parent. If symptoms worsen then follow steps for major reaction.

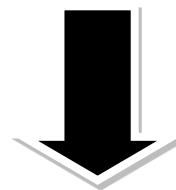
Action for a Major Reaction: (two systems or single severe symptom)

Systems:

MOUTH
THROAT
LUNG
HEART
SKIN
GUT

Symptoms:

swelling of the lips, tongue, or mouth
tight throat, hoarseness, drooling, trouble swallowing
shortness of breath, repetitive cough and/or wheezing
thready pulse, faint, confused, dizzy, pale, blue
multiple hives, swelling about the face and neck
abdominal cramps, vomiting



1. Inject Epinephrine immediately intramuscularly

Epipen® Epipen® Jr Auvi-Q™ 0.30mg Auvi-Q™ 0.15mg _____

2. Call RESCUE SQUAD 911 ASK FOR ADVANCED LIFE SUPPORT

- Students should not suddenly sit up, stand or be placed in the upright position.
This increases risk for sudden death.

3. Note time epinephrine was given and repeat dose after 5 minutes if no improvement or worsening symptoms.

- Antihistamines and inhalers are not first line therapy in a severe reaction.

4. Transport via EMS to the emergency department.

Emergency Contacts:

Parent/Guardian _____ Phone: _____

Other emergency contact _____ Phone: _____

Parents Signature _____

DATE _____

DOCTOR'S SIGNATURE _____

DATE: _____

Print MD Name: _____

Nurses Signature _____

DATE _____

Contact number: _____

