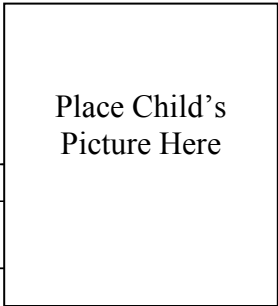


# Allergy/Anaphylaxis Action Plan

Grand Forks Public Schools



Student's

Name: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergic to: \_\_\_\_\_

This allergy is:    Ingestion             Touch             Airborne

Is student asthmatic? Yes\*  No  \*Higher risk for severe reaction

**Extremely reactive to the following foods:** \_\_\_\_\_

**THEREFORE:**

If checked, give epinephrine immediately for ANY symptoms if the student was potentially exposed to the allergen or if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

**Dosage**

**Epinephrine:** Inject into thigh (circle one) **EpiPen®**            **EpiPen® Jr.** (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
Medication/dose/route

**Other:** give \_\_\_\_\_  
Medication/dose/route

**◆STEP 1: TREATMENT◆**

<u>Symptoms:</u>	<u>Give Checked Medication</u> To be determined by physician authorizing treatment.
▪ If a food allergen has been ingested, but <b>NO SYMPTOMS</b> :	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Mouth: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Gastrointestinal: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Throat* : Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Lung*: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Heart*: Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ Other*:	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine

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

**Even if parent/guardian cannot be reached, do not hesitate to medicate and call 911!**

In the absence of trained medical personnel, I hereby authorize any person or persons indicated by the principal to administer the above medications at school:

Doctor signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the family/guardian of the above-named child, I understand that if the EpiPen® or EpiPen®, Jr. is given, 911 will be called and that the Grand Forks Public School district will not be held responsible for any financial costs.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TURN FORM OVER ➡**

◆STEP 2: EMERGENCY CALLS◆

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

2. Call parents/guardians. **Circle which phone number should be called first in an emergency.**

Parent/guardian name: \_\_\_\_\_ (cell #): \_\_\_\_\_

(work #): \_\_\_\_\_ (home #): \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ (cell #): \_\_\_\_\_

(work #): \_\_\_\_\_ (home #): \_\_\_\_\_

Emergency contact:

Name/relationship \_\_\_\_\_ Phone Number(s)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. Call school nurse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A demonstration of how to use the EpiPen® is at [www.epipen.com](http://www.epipen.com).

**To use EpiPen® or EpiPen® Jr.**

1. Remove unit from plastic carrying case.
2. Grasp unit with the orange tip pointing downward.
3. Form a fist around the unit (orange tip down).
4. With your other hand, pull off the blue safety release.



5. Swing and firmly push against outer thigh until it clicks so that unit is 90° to the thigh. Epi-pen® is designed to work through clothing.
6. Hold firmly against thigh for approximately 10 seconds to deliver drug.
7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.
8. Call 911 and seek immediate medical attention, then notify parents/guardians.



**Additional instructions:**

1. The student has **1** or **2** EpiPen(s)® in school (circle one)
2. The EpiPen(s)® are kept in the \_\_\_\_\_ and the \_\_\_\_\_
3. The student knows how to administer the EpiPen®: Yes/No
4. Expiration date on the EpiPen®: \_\_\_\_\_
5. Other: \_\_\_\_\_

If EpiPen® given: What time/date was it given? Dose #1 \_\_\_\_\_ Dose #2: \_\_\_\_\_

Who gave EpiPen®? \_\_\_\_\_

Additional comments: