

**Dedham Public Schools
Health Services
ALLERGY ACTION PLAN**



Student's Name _____ D.O.B. _____ Teacher: _____

Allergy To _____

Asthmatic Yes* No *Higher risk for severe reaction

➔ STEP 1: TREATMENT

Symptoms

Give circled medication**

** (To be determined by physician)

<p>If food allergen has been ingested, but <i>no symptoms</i>:</p> <p>Mouth: Itching, tingling, or swelling of lips, tongue, mouth</p> <p>Skin: Hives, itchy rash, swelling of the face, or extremities</p> <p>Gut: Nausea, abdominal cramps, vomiting, diarrhea</p> <p>(! Potentially life-threatening)</p> <p>! Throat: Tightening of throat, hoarseness, hacking cough</p> <p>! Lung: Shortness of breath, repetitive cough, wheezing</p> <p>! Heart: Thready pulse, low blood pressure, fainting, pale, blueness</p> <p>! Other: _____</p> <p>! If reaction is progressing (several of the above areas affected), give</p>	<p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p> <p>Epinephrine Antihistamine</p>
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The severity of symptoms can quickly change.

DOSAGE

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr. Other _____

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 (EMS). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ Phone: _____
3. Parent/Guardian _____ Phone: _____
4. Emergency Contacts: _____ Phone Number(s) _____
Name/Relationship
- a. _____ 1.) _____ 2.) _____
- b. _____ 1.) _____ 2.) _____

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

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____ Phone: _____
(Required)