



Allergy Action Plan

Effective for the current school year 2023-2024

ANAPHYLAXIS/LIFE-THREATENING ALLERGIC REACTION

To be completed and signed by Licensed Healthcare Provider (Physician, Physician's Assistant or Nurse Practitioner).

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

ALLERGY TO: _____

Student has asthma YES NO (If YES, higher chance of severe reaction)

Student has had anaphylaxis YES NO If YES, date of last reaction: _____

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

What to look for

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:



- LUNG: Shortness of breath, wheezing, repetitive cough
- HEART: Pale or bluish skin, faintness, weak pulse, dizziness
- THROAT: Tight or hoarse throat, trouble breathing or swallowing
- MOUTH: Significant swelling of the tongue or lips
- SKIN: Many hives over body, widespread redness, swelling
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas

SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____ Even if child has MILD symptoms after a sting or eating these foods, **GIVE EPINEPHRINE.**

What to do

GIVE EPINEPHRINE!

- **INJECT EPINEPHRINE IMMEDIATELY!** Note time when epinephrine was given.
- **CALL 911.** Advise EMS anaphylaxis suspected and epinephrine has been given.
- Keep student lying down.
- Notify parent if not already contacted.
- Remain with student and observe for difficulty breathing until EMS personnel arrive.
- Give a second dose of epinephrine 5 minutes or more after first injection if symptoms get worse, do not improve, or return.
- Give other medication, if prescribed (e.g. antihistamine/bronchodilator). *Do not use other medication in place of epinephrine.*
- Start CPR if breathing or heart stops.

Follow up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.

What to look for

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA :



- NOSE: Itchy or runny nose, sneezing
- MOUTH: Itchy mouth
- SKIN: A few hives, mild itch
- GUT: Mild nausea or discomfort

What to do

Monitor Student

- Give antihistamine (if prescribed)
- Watch student closely
- Contact parents
- If symptoms worsen, *or more than one mild symptom develops*, **GIVE EPINEPHRINE** and follow the directions in the above box

Medications/Doses

Epinephrine, intramuscular (list type): _____ Dosage (check one): 0.15mg 0.3mg

Student is capable of carrying their own epinephrine auto injector YES NO

Student has been instructed and is capable of self-administering their own epinephrine auto injector YES NO

Antihistamine, by mouth (type and dose): _____

Other (e.g. inhaler-bronchodilator) type and dose: _____

Additional Instructions: _____

Licensed Healthcare Provider Name (PRINT) LHP Signature/Date NPI# Phone Number

To be Reviewed and Signed by PARENT/GUARDIAN:

- I have reviewed this ***Allergy Action Plan*** and agree to the contents.
- Student requires specialized eating location
- Student can only have food provided by parent/guardian.

Parent/Guardian Name (print)

Parent/Guardian Signature/Date

Phone number

School Nurse Name/Signature

Date Received

Guardian Christian Academy
6851 Courthouse Road
Chesterfield, VA 23832
804-715-3210 phone
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