Dear Parents,

If your child has been diagnosed with a severe allergy, for which an EpiPen will be required, please have your doctor fill out the Allergy Action Plan, found below, so that we may have accurate medical orders for the emergency management of your child's allergy.

Please send an EpiPen in to the clinic as soon as possible if your physician has prescribed one for your child's allergy management.

If you have any questions or concerns, please call the clinic at 839-5371, ext. 342, or email at PAlberts@holynamestpa.org.

Sincerely,

Patti Alberts, R.N.
School Nurse

ACADEMY OF THE HOLY NAMES
Discover YOUR Excellence

Allergy Action Plan

Place Student Photo Here

Student Name: _____ Birth Date: _____
School: _____ Grade: _____ Teacher: _____

ALLERGIC TO THESE ALLERGENS: _____

☐ **Has Asthma** (increases risk for severe reaction)

☐ **Severe Allergy previously/suspected—Immediately give epinephrine & call 911– Start with Steps 2 & 3**

☐ **Mild Allergy –** Itching, rash, hives – **Give antihistamine, call school nurse and parent. Start with Step 1**

► STEP 1: IDENTIFICATION OF SYMPTOMS* ◄

*** Send for immediate adult assistance**

Symptoms:		**Type of Medication to Give:** (Determined by physician authorizing treatment)	
➢	If exposed to allergen, or allergen ingested, but ***no symptoms***	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Mouth –**	Itching, tingling, or swelling of lips, tongue, mouth	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Skin –**	Hives, itchy rash, swelling of the face or extremities	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Gut –**	Nausea, abdominal cramps, vomiting, diarrhea	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Throat –**	Tightening of throat, hoarseness, hacking cough	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Lung** –**	Shortness of breath, repetitive coughing, wheezing	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Heart** –**	Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P. .	☐ **Epinephrine**	☐ **Antihistamine**
➢ **Other** –**	_____	☐ **Epinephrine**	☐ **Antihistamine**
➢	If reaction is progressing (several of the above areas affected) give	☐ **Epinephrine**	☐ **Antihistamine**

**** Potentially life-threatening. –** Note: The severity of symptoms can quickly change.

► STEP 2: GIVE MEDICATIONS ◄

(Twinject™ NOT Recommended for School Use)

Epinephrine: inject intramuscularly (check one) ☐ EpiPen® ☐ EpiPen Jr® ☐ Twinject™ 0.3 mg ☐ Twinject™ 0.15 mg

- **If Epinephrine is given, paramedics must be called! PROCEED TO STEP 3 BELOW.**

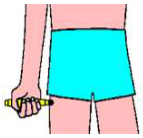
Antihistamine/other: give _____ *(Medication name & amount)* **by** _____ *(route/method)*

- **Notify** parents and school nurse • **Observe** for increasing severity of symptoms • **Call 911** as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

a. Pull off the GRAY Safety Cap
b. Place BLACK TIP near OUTER-UPPER THIGH
c. Swing and jab firmly until hearing or feeling a click
d. Hold EpiPen in place **10 SECONDS**, remove, massage area
e. Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
- The individual may feel his/her heart pounding.
  - This is a normal reaction to the medication.

► STEP 3: EMERGENCY CALLS ◄

1. **CALL 911** – *Seek emergency care*. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call School Nurse
3. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact *Names*:	*Relationship:*	*Phone Number(s):*
a. _____	1.) _____	2.) ( ) _____ ( ) _____
b. _____	1.) _____	2.) ( ) _____ ( ) _____

Parent/Guardian Signature _____ Date _____
(Required)

Physician completes form through Step 2

Physician Name (Printed) _____ Phone Number: ( ) _____

Physician Signature _____ Date: _____
(Required)

This form must be renewed annually or with any change in medication.
The *Medication Administration Form* must be completed in addition to this *Allergy Action Plan*.