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**SEVERE ALLERGY & ANAPHYLAXIS ACTION PLAN: Residential & Non-Residential Students**

(IF APPLICABLE)

* This page is required **ONLY** if your child has a current diagnosis of Severe Allergies OR provide your own action plan (ESPECIALLY IF PRESCRIBED EPINEPHRINE)
* This section MUST be completed by the Allergy Care Provider (not the parent/guardian)

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy Care Provider Information:**

Allergy Care Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extremely Reactive to the Following Allergens:**

1. 3. 5.

2. 4. 6.

**Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Medication Name:** | **Dosage:** | **Special Instructions/Directions:** |
| Epinephrine |  Epipen Auto-Injector   Auvi Q   Adrenaclick |  0.15mg  OR   0.30mg |  |
| Antihistamine |  Claritin  Zyrtec   Allegra  Benadryl   Other |  |  |
| Inhaler | 1.  2. |  |  |
| Other |  |  |  |

**Action Plan:**

1. If Epinephrine is prescribed, please check at least one of the following:

 If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

 If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

1. Inject Epinephrine (if prescribed).
2. Call 911 if Epinephrine used. Request an ambulance with Epinephrine.
3. Give additional medications if prescribed (if conscious & able to swallow).

* Antihistamines
* Inhaler

1. Lay student flat & raise legs. If breathing is difficult or student is vomiting, let him him/her sit up or lie on side.
2. If symptoms do not improve or symptoms return, more doses of Epinephrine can be given at least 5 minutes or more after the last dose.
3. Stay with student.
4. Transport to ER via ambulance even if symptoms resolve. Student should remain in ER for approximately 4+ hours in case symptoms return.
5. Notify parent/guardian.

**Comments/Special Instructions:**

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**ALLERGY CARE PROVIDER SIGNATURE PROVIDER PRINTED NAME DATE**

I, the parent/guardian, give permission for the school nurse and any pertinent staff caring for my child to follow this plan, administer medication and care for my child, contact the allergy care provider if necessary and for this form to be faxed/emailed to my child’s school or be shared with school staff per FERPA guidelines. I assume full responsibility for providing the school with the prescribed medication and delivery/monitoring devices:

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**PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN PRINTED NAME DATE**

*CC: Tina Brinkman, RN/Nikki Al Khatib, RN*