

Allergy Action Plan for Mitchell Road Christian Academy

Student's Name _____ Goes by _____ D.O.B. _____

Teacher/Grade _____ Weight _____ lbs

Insert
Child's
Picture

Risk of anaphylaxis to the following allergens: _____

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ 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.

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 the body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion



OR A COMBINATION

of symptoms from different body areas



- ADMINISTER EPINEPHRINE IMMEDIATELY.**
- Call 911.**
 - Consider giving additional medications following epinephrine:
 - » Antihistamine (if able to swallow)
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.**
 - Alert emergency contacts.
 - Transport patient to the ER, even if symptoms resolve.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy Mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, INJECT EPINEPHRINE IMMEDIATELY.**

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine: ☐ 0.15 mg Injection ☐ 0.3 mg Injection
☐ 1 mg Nasal Spray ☐ 2 mg Nasal Spray

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Parent/Guardian's Signature _____ Date _____

Doctor's Name _____ Doctor's Phone _____

Doctor's Signature _____ (Required) Date _____

Parent/Legal Guardian _____ Cell Number _____

Parent/Legal Guardian _____ Cell Number _____

Emergency Contact: Name/Relationship _____ Cell Number _____

PLEASE COMPLETE THIS STATEMENT ONLY IF STUDENT IS TO SELF-ADMINISTER

Student's Name _____ Goes by _____ D.O.B. _____

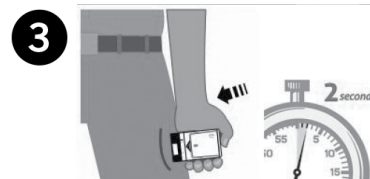
I have seen this child and agree with all of the information provided on this authorization form. This student is allowed to self-administer this medication in the classroom and any area of the school or school grounds, at a school-sponsored activity, and to and from a school-sponsored activity and understands the implications of doing so. He/she has demonstrated competency in self-monitoring and self-administration of this medication. The parents are aware that they cannot hold Mitchell Road Christian Academy responsible for the adverse outcome of this action.

Doctor's Signature _____ Initials _____ Date _____

Office Address _____ Office Phone _____

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTIONS, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off the red safety guard.
2. Place the black end of Auvi-Q against the middle of the lower thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN®, EPIPEN JR (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen or EpiPen Jr Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it clicks. Hold firmly in place for 3 seconds. (Count slowly 1, 2, 3.)
4. Remove and massage the area for 10 seconds.
5. Call 911 and get emergency medical help right away.

