

Patient Care Information

Allergy Action Plan



Student name: _____ Birthdate: _____ Allergies: _____

Asthma Yes* No *Higher risk for severe reaction

Treatment

Symptom severity can change quickly. For symptoms listed give the circled medication.

1.	Food allergen ingested	No symptoms	EpiPen	Antihistamine
2.	Mouth	Itching, tingling, or swelling of lips, tongue, mouth	EpiPen	Antihistamine
3.	Skin	Hives, itchy rash, swelling of face or extremities	EpiPen	Antihistamine
4.	Gut	Nausea, abdominal cramps, vomiting, diarrhea	EpiPen	Antihistamine
5.	Throat	Tightening of throat, hoarseness, hacking cough	EpiPen	Antihistamine
6.	Lung	Shortness of breath, coughing, wheezing	EpiPen	Antihistamine
7.	Heart	Weak pulse, low blood pressure, fainting, pale, blue	EpiPen	Antihistamine
8.	Other		EpiPen	Antihistamine
9.	Several areas affected	Allergy reaction may be progressing	EpiPen	Antihistamine

Medication Dose

Epinephrine: inject into the outer thigh muscle (intramuscularly) [circle one]: EpiPen EpiPen Jr.

Antihistamine: medication name/dose/route: _____

Other: medication name/dose/route: _____

Emergency Calls

1. Call 911 or emergency medical squad (EMS) at phone: _____. State that an allergic reaction was treated with epinephrine and only lasts 10 to 15 minutes.
2. Healthcare provider name/phone: _____
3. Emergency contacts name/phone numbers:

Even if you cannot reach the parent/legal guardian, medicate the child or call for emergency medical squad.

Parent/legal guardian signature: _____ Date: _____

Physician signature: _____ Date: _____

Note to parent/physician: If medication is needed as part of treatment at school, Ohio Law requires a Medication Administration Form completed by the parent and physician on file at school.

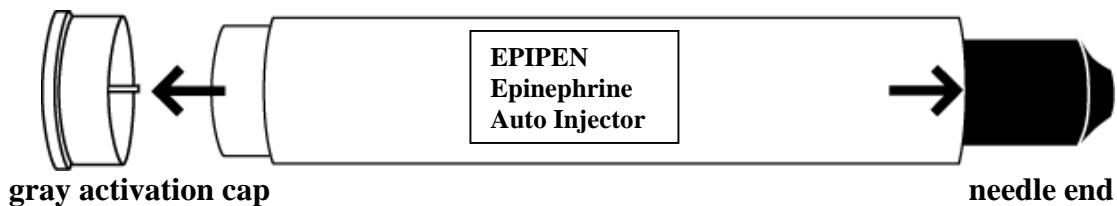
Trained Staff Members

1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

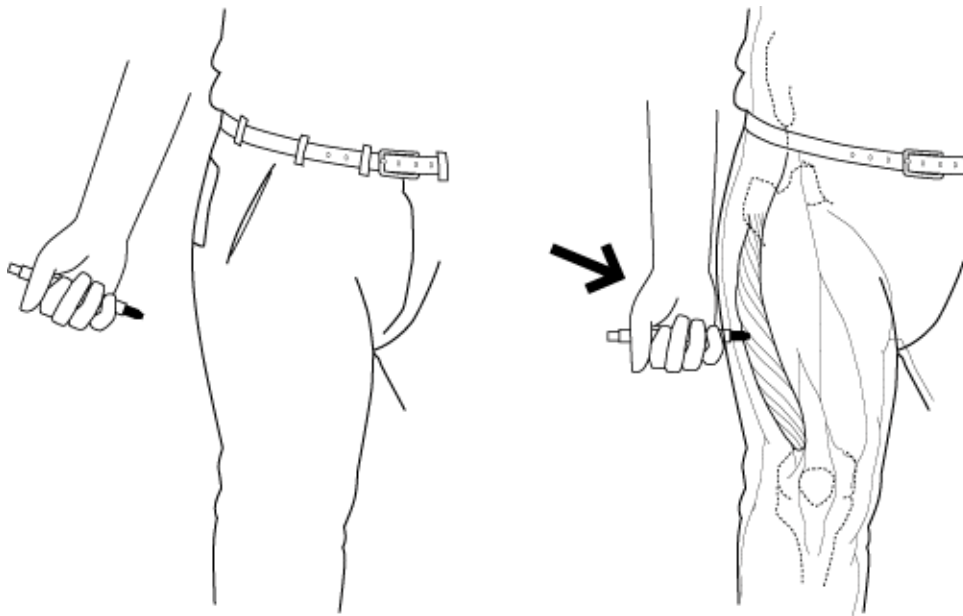
EpiPen and EpiPen Jr Administration Instructions

Follow manufacturer instructions on package insert.

1. Form a fist around the auto-injector with the black tip facing down. Do not put your thumb or finger over the black tip.
2. Pull off gray activation cap.



3. Always give in the outer thigh muscle. Hold black tip near outer thigh.
4. Firmly jab into outer thigh through clothing until the auto-injector mechanism works.



5. Hold in place and count to 10.
6. Remove the EpiPen or EpiPen Jr. Carefully bend the needle back and place in plastic carry tube.
7. Massage the injection area and count to 10.
8. After using EpiPen or EpiPen Jr., call emergency medical squad and tell them that an allergy has been treated and state that epinephrine may be needed. Keep the child warm and calm.
9. Take the used EpiPen or EpiPen Jr. to the Emergency Department with the child.
10. The child may need observation for up to 4 hours in the Emergency Department.
11. Ask for a new EpiPen or EpiPen Jr. prescription at the Emergency Department.

This information is of a general nature and is not intended to serve as a substitute for the advice of a doctor.
Akron Children's Hospital *One Perkins Square *Akron, Ohio 44308