



ASTHMA & ALLERGY ACTION PLAN

Name: _____ DOB: ____/____/____

Allergy to: _____

Weight: _____ lbs.

Asthma: YES (higher risk for a severe reaction) NO

FOR **ANY** OF THE FOLLOWING **SEVERE** SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea

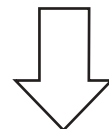
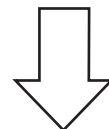
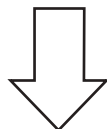
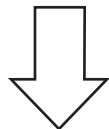


OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**



1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
- Lay the student 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 student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.



ASTHMA & ALLERGY ACTION PLAN (PG 2)

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



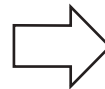
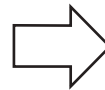
SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Say with student; alert emergency contacts
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

MEDICATIONS/DOSES

Epinephrine Brand: _____ Epinephrine Dose: _____

Antihistamine Brand or Generic: _____ Antihistamine Dose: _____

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

OTHER DIRECTIONS/INFORMATION

(may self-carry epinephrine, may self-administer epinephrine, etc.)

Treat student before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

Parent/Guardian Signature

Date

Physician/HCP Signature

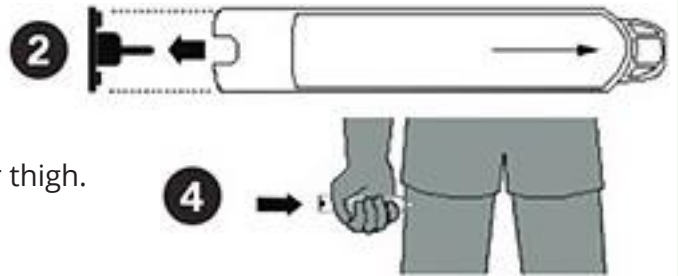
Date



ASTHMA & ALLERGY ACTION PLAN (PG 3)

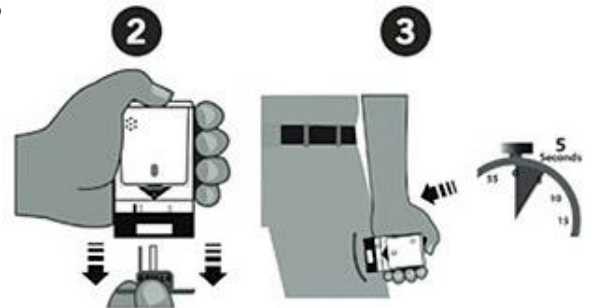
EPIPEN® (EPINEPHRINE) AUTO INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

