Stanley British Primary School
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Allergy and Anaphylaxis Action Plan and Medication Orders

Student's Name: ______________________ D.O.B. __________ Grade: ______
School: ______________________ Teacher: ______________________

Place child's photo here

ALLERGY TO: ______________________________

____

History: ______________________________

____

Asthma: ☐YES (Higher risk for severe reaction) ☐NO

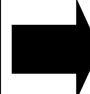
To be completed by healthcare provider

STEP 1: TREATMENT

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or **combination** of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   - Antihistamine
   - Inhaler (quick relief) if asthma

*Antihistamine & quick relief inhalers are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

DOSAGE

Epinephrine: inject intramuscularly using autoinjector (check one): ☐ **0.3 mg** ☐ **0.15 mg**

☐ Administer 2nd dose if symptoms do not improve in ____________ minutes

Antihistamine: (brand and dose) ______________________________

If Asthmatic: (brand and dose) ______________________________

Student has been instructed and is capable of carrying and self-administering own medication. ☐Yes ☐No

Provider (print) ______________________________ Phone Number: ____________

Provider's Signature: ______________________________ Date: ____________

If this condition warrants meal accommodations from food service,please complete the medical statement for dietary disability

◊ STEP 2: EMERGENCY CALLS ◊

1.If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2.Parent: ______________________ Phone Number ______________________

3.Emergency contacts: Name/Relationship Phone Number(s)

a.______________________ 1) ____________ 2) ____________

b.______________________ 1) ____________ 2) ____________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: ______________________________ Date: ____________

School Nurse: ______________________________ Date: ____________

Student Name: ______________________________ **DOB:** ____________________

TRAINED/DELEGATED STAFF MEMBERS

1. ______________________________ Room____________
2. ______________________________ Room____________
3. ______________________________ Room____________
4. ______________________________ Room____________
5. ______________________________ Room____________

Self-carry contract on file. ☐Yes ☐No

Medication located in: ______________________________

EpiPen® and EpiPen® Jr.
Expiration date: ______________

- Pull off blue activation cap.

- Hold orange tip near outer thigh (through clothing, if needed)
- Swing and jab firmly into outer thigh until Auto Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Auvi-Q 0.3 mg. and 0.15 mg
Expiration date: ______________

- Pull the Auvi-Q™ from the outer case.
- Pull off Red safety guard.
- Place black end against the middle of the outer thigh (through clothing, if needed), then press firmly, and hold in

Once epinephrine is used, call 911.
Student should remain lying down or in a comfortable position.

Additional information: ____

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