WOODFORD COUNTY PUBLIC SCHOOLS

Emergency Action Plan: SEVERE ALLERGY

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone:
School:	Bus:	Work Phone:
Grade:	Teacher:	Cell Phone:

ALLERGY TO: _____

ASTHMATIC? ☐ Yes* ☐ No *Higher risk for severe reaction

STEP 1: TREATMENT

SYMPTOMS	GIVE CHECKED MEDICATION (determined by MD)	
• If a food allergen has been ingested, but there are no symptoms	☐ Epinephrine	☐ Histamine
• If exposure occurs (bee sting or contact with non food allergen), but there are no symptoms	☐ Epinephrine	☐ Histamine
• Mouth itching, tingling, or swelling of the face or extremities	☐ Epinephrine	☐ Histamine
• Skin hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Histamine
• GI symptoms: nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Histamine
• **Throat tightening, hoarseness, hacking cough	☐ Epinephrine	☐ Histamine
•**Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Histamine
• **Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Histamine
• Other_____	☐ Epinephrine	☐ Histamine
• If reaction is progressing (several of the above areas affected, give	☐ Epinephrine	☐ Histamine

**potentially life threatening symptoms—the severity of symptoms can change rapidly

Do NOT hesitate to treat an allergic reaction and notify EMS if appropriate.

MEDICATIONS/DOSAGES

Epinephrine: inject intramuscularly (circle one) 0.15mg 0.3mg

Antihistamine: give_____
Medication/dose/route

Other: give_____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines CANNOT be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and that additional epinephrine may be needed.
2. Call parent/guardian.
3. Dr. _____at_____

MD Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Nurse Signature_____ Date _____

File original in health section of student cumulative record. Send copies to all need to know staff and place copy in medication administration log.

Prescription medication form on file? Yes No Permission to carry signed by MD? Yes No

Location of epi pen_____