

# Allergy Care Plan

Student's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Teacher \_\_\_\_\_

Allergy To: \_\_\_\_\_

Students Symptoms \_\_\_\_\_

## **SIGN'S OF AN ALLERGIC REACTION:**

- MOUTH:** Itching & Swelling of the lips, tongue, or mouth.  
**THROAT:** Itching and/or a sense of tightness in the throat, hoarseness and hacking cough.  
**SKIN:** Hives, itchy rash, and/or swelling about the face or extremities.  
**GUT:** Nausea, abdominal cramps, vomiting, and/or diarrhea.  
**LUNG:** Shortness of breath, repetitive coughing, and/or wheezing.  
**HEART:** "Thready" pulse, "passing-out".

**\*the severity of symptoms can rapidly change. All above symptoms can potentially progress to a life-threatening situation.**

## **ACTIONS FOR MINOR REACTIONS:**

If student is having the following symptoms \_\_\_\_\_  
Escort or have another student escort him/her to nurse's office .  
Administer \_\_\_\_\_ (med/dose/route).  
Notify: Mother \_\_\_\_\_ or Father \_\_\_\_\_

**IF CONDITION DOES NOT IMPROVE WITHIN 10 MINUTES, FOLLOW MAJOR REACTION BELOW.**

## **ACTIONS FOR MAJOR REACTION:**

If ingestion is suspected and/or symptom(s) are: \_\_\_\_\_  
Give \_\_\_\_\_ **IMMEDIATELY!**  
(med/dose/route)

**Then Call 911 and tell them you have a student who is having an anaphylactic reation. Also notify parents.**

### **Directions for administering EpiPen and EpiPen Jr.**

- 1.) Pull off gray cap.
- 2.) Hold black tip near outer thigh (always apply to thigh).
- 3.) Swing and jab firmly into outer thigh until Auto-injector mechanism functions. Hold pen in place and count to 10. The EpiPen unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

Parent's Signautre \_\_\_\_\_ Date \_\_\_\_\_