

# JACKSON R-2 SCHOOL DISTRICT ALLERGY ACTION PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_ Weight: \_\_\_\_lbs. Asthma:  Yes (higher risk for a severe reaction)  No

Extremely reactive to the following: \_\_\_\_\_

Mode of transportation (bus or parent transport) \_\_\_\_\_

\*If your child needs to keep their epinephrine in their backpack, a Self-Administration Form or Self-Carry Form will need to be completed and signed by both parent AND physician. See nurse for appropriate form.

**PLEASE CHECK ONE:**

- Give epinephrine immediately for ANY symptoms if the allergen was *likely* to have come in contact.
- Give epinephrine immediately if the allergen *definitely* came in contact, even if no symptoms are noted.
- Follow the chart below.

<p><b>IF -- Any SEVERE SYMPTOMS after suspected or known ingestion:</b></p> <p style="text-align: center;">➔</p> <p><b>One or more</b> of the following:  <b>LUNG:</b> short of breath, wheeze, repetitive cough  <b>HEART:</b> pale, blue, faint, weak pulse, dizzy, confused  <b>THROAT:</b> tight, hoarse, trouble breathing/swallowing  <b>MOUTH:</b> obstructive swelling(tongue and/or lips)  <b>SKIN:</b> Many hives over body  <b>Or combination</b> of symptoms from different body areas:  <b>SKIN:</b> Hives, itchy rashes, swelling (e.g. eyes, lips)  <b>GUT:</b> Vomiting, cramp pain</p>	<p><b>THEN:</b></p> <ol style="list-style-type: none"> <li>1. <b>Inject Epinephrine IMMEDIATELY</b></li> <li>2. Call 911</li> <li>3. Begin monitoring (see box below)</li> <li>4. Give additional medications:*              -Antihistamine              -Inhaler (bronchodilator) if asthma</li> </ol> <p>*Antihistamine &amp; inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).  <b>USE EPINEPHRINE.</b></p>
<p><b>IF -- MILD SYMPTOMS ONLY:</b></p> <p style="text-align: center;">➔</p> <p><b>MOUTH:</b> Itchy mouth  <b>SKIN:</b> A few hives around mouth/face, mild itch  <b>GUT:</b> Mild nausea/discomfort</p>	<p><b>THEN:</b></p> <ol style="list-style-type: none"> <li>1. <b>Give Antihistamine</b></li> <li>2. Stay with student; alert healthcare professionals and parent</li> <li>3. If symptoms progress (see above), <b>USE EPINEPHRINE</b></li> <li>4. Begin monitoring</li> </ol>

**Medications/Doses:**

Epinephrine (brand and dose): \_\_\_\_\_ Antihistamine (brand and dose): \_\_\_\_\_

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

**Monitoring: *Stay with student; alert healthcare professionals and parent.*** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Parent/Guardian Signature	Date	Physician/Healthcare Provider Signature	Date
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**CONTACTS:**

Call 911 (Rescue squad: ( ) \_\_\_\_\_ - \_\_\_\_\_) Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

**Other Emergency Contacts:** Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

**Yearly Food Allergy Reviews:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Nurse initials

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Parent/Guardian Signature

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