

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
ALLERGY ACTION PLAN**

FOR USE WITH EPINEPHRINE ADMINISTRATION AUTHORIZATION AND ANTIHISTAMINE AUTHORIZATION FORMS

PART I TO BE COMPLETED BY PARENT

STUDENT _____ **Date of Birth** _____ **Teacher/Grade** _____

ALLERGY _____ **ROUTE OF EXPOSURE** **Contact** **Ingestion**
 Inhalation **Sting**

Parent / Emergency Contact:

Name/Relationship

Phone Number(s)

_____ 1.) _____ 2.) _____

Asthmatic **Yes*** **No** ***Higher risk for severe reaction**

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

For medications administered during school and school- sanctioned activities, complete and attach the required Office of Catholic Schools Diocese of Arlington, Epinephrine and Antihistamine Authorization forms.

- If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten / contacted.
- If checked, give epinephrine immediately if the allergen was definitely eaten or contacted even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion / exposure:
 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 or swallowing
MOUTH	Obstructive swelling (tongue or lips)
SKIN	Many hives over body

Or combination of symptoms from different body areas

SKIN	Hives, itchy rashes, swelling
GUT	Vomiting, cramps, pain



- 1. INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring
4. Give additional medications if applicable
 - a. Antihistamines
 - b. Inhaler

Antihistamines and Inhalers are not to be depended upon to treat a severe reaction. USE EPINEPHRINE

MILD SYMPTOMS ONLY

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



1. **GIVE ANTIHISTAMINE** if ordered
2. Stay with student, alert parent
3. If symptoms progress see above
4. Begin monitoring

Medications / Doses

Epinephrine (brand and dose)- _____

Antihistamine (brand and dose)- _____

Other- _____

Licensed Health Care Provider (Print)

Licensed Health Care Provider (Signature)

Telephone

Date

I approve of this Allergy Action Plan, I give permission for school personnel to perform and carry out the tasks as outlined. I consent to the release of the information contained in this management plan to all staff members and others who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Parent / Guardian Signature

Telephone

Date

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PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Student _____ Date of Birth _____ Teacher/Grade _____

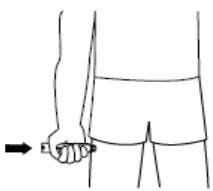
Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking.

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions


- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



EPIPEN[®] and the Day logo, EpiPen[®], EpiPen 2-Pak[®], and EpiPen Jr 2-Pak[®] are registered trademarks of Day Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.






MONITORING

Stay with student, call 911 and parent.


1. Tell 911 that epinephrine was given and request an ambulance with epinephrine.
2. Note time when epinephrine was administered. A second dose of epinephrine can be given within 15 minutes, after the first dose, if symptoms persist or recur.
3. Place student in rescue position
4. Treat student even if parents cannot be reached.

Adrenalick™ 0.3 mg and Adrenalick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL

• Allergy Action Plan Part I and II, complete		yes	no					
• Medication authorization complete		yes	no				n/a	
• Epinephrine authorization complete		yes	no				n/a	
• Medication maintained in school designated area		yes	no					
• Medication self carried		yes	no					
• Expiration date of medication (s)								
• Staff trained in medication administration		yes	no					
• Copies of plan provided to:	Educational	yes	no	n/a	After school	yes	no	n/a
	Athletic	yes	no	n/a	Food service	yes	no	n/a

Full Allergy Action plan has been implemented.

Principal or Registered Nurse

Form adapted compliments of FAAN www.foodallergy.org (7/2010)

Date