

**Saint Ambrose School**  
**Allergy Action Plan and Medication Order**  
**Use one (1) form per child for each allergen**

Student Name \_\_\_\_\_ Room/Grade \_\_\_\_\_

DOB \_\_\_\_\_

Allergy to \_\_\_\_\_

Asthmatic? \_\_\_ Yes\* \_\_\_ No \*Higher risk for severe reaction

**STEP 1: TREATMENT** *The severity of symptoms can quickly change. \*Indicates life threatening.*

*Symptoms*

*Give checked medication determined by physician*

- If a student has been exposed to/ingested an allergen but has NO symptoms:  Epinephrine  Antihistamine
- Mouth Itching, tingling, swelling of the lips, tongue mouth:  Epinephrine  Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities:  Epinephrine  Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea:  Epinephrine  Antihistamine
- Throat\* Tightening of throat, hoarseness, hacking cough:  Epinephrine  Antihistamine
- Lung\* Shortness of breath, repetitive cough, wheezing:  Epinephrine  Antihistamine
- Heart\* Thready pulse, low blood pressure, fainting, pale, blueness:  Epinephrine  Antihistamine
- Other\* \_\_\_\_\_:  Epinephrine  Antihistamine
- If reaction is progressing, (several of the areas affected), give:  Epinephrine  Antihistamine

MEDICATION START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

*\*Epinephrine: Inject intramuscularly. See reverse side for instructions.*

- EpiPen
- EpiPen Jr.
- Twinject 0.3mg
- Twinject 0.15mg
- AuviQ

**Antihistamine: Give:** \_\_\_\_\_

Antihistamine dose/route

**Other: Give:** \_\_\_\_\_

Medication dose/route

**Special Instructions (health care provider to complete):**

\_\_\_\_\_

**STEP 2: EMERGENCY CALLS**

**PARAMEDICS MUST BE CALLED IF EPIPEN OR AUVIQ IS GIVEN. MEDICATION ONLY LAST 15-20 MINUTES.**

1. Call 911 (or rescue squad). State then an anaphylactic reaction has been treated, type of treatment given (EpiPen, AuviQ) and that additional epinephrine may be needed.
2. Call parents (name) \_\_\_\_\_ Phone: \_\_\_\_\_
3. Other emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_
4. Physician \_\_\_\_\_ Phone: \_\_\_\_\_