

Teacher/Grade: \_\_\_\_\_

Location of Epinephrine: \_\_\_\_\_

Lawrence Township Public Schools  
**Allergic Reaction Action Plan**

Place Student's Picture Here

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

**Allergy to:** \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.      **Asthma:**    **YES** (*higher risk for severe reaction*)    **NO**

**Extremely reactive to the following foods/allergen:** \_\_\_\_\_  
**THEREFORE:**  
 **If checked**, give epinephrine immediately for **ANY** symptoms if the allergen is **likely** eaten.  
 **If checked**, give epinephrine immediately if the allergen was **definitely** eaten, even if no symptoms are noted.

Any **SEVERE SYMPTOMS** after suspected or known ingestion:  
**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/swallowing  
MOUTH:  Obstructive swelling (tongue and/or lips)  
SKIN:    Many hives over body  
  
**Or COMBINATION** of symptoms from different body areas:  
SKIN:    Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT:     Vomiting, diarrhea, crampy pain



**1. INJECT EPINEPHRINE IMMEDIATELY**  
**2. Call 911**  
3. Begin monitoring (see box below)  
4. Give additional medications:\*  
    ♦Antihistamine  
    ♦Inhaler (bronchodilator) if asthma  
\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).  
**USE EPINEPHRINE**

**MILD SYMPTOMS ONLY:**  
MOUTH:    Itchy mouth  
SKIN:      A few hives around mouth/face, mild itch  
GUT:      Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**  
2. **Stay with student and contact parent**  
3. **If symptoms progress (see above)**  
    **USE EPINEPHRINE**  
4. **Begin monitoring (see box below)**

**MONITORING**  
**Stay with student; call 911 & 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 severe reaction, consider keeping student lying on back with legs raised. **Treat student even if parents cannot be reached.**

**MEDICATIONS/DOSES:**

**Epinephrine:** \_\_\_\_\_

**Medication / Dose / inject IM outer thigh**

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

**Medication / Dose /Route**

**SELF-ADMINISTRATION OF MEDICATION**  
 This student is **NOT** capable of self-administering the medications named above.  
 This student has been trained & is capable of self-administering the medications named above.

**Medications orders EFFECTIVE DATE:** \_\_\_/\_\_\_/\_\_\_    →→→→    **CONCLUSION DATE:** \_\_\_/\_\_\_/\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STAMP:**

**Reviewed by Chief Medical Inspector:**