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Allergy Treatment Plan For Food/Insect Allergies

Student's Name: _____ DOB: ____/____/____ Teacher: _____

Allergy to: _____

Asthmatic: YES* NO *Higher risk for severe reaction

Self Carry: YES NO

Step 1: Treatment

If allergen exposure has occurred but no symptoms: Give appropriate dose of Antihistamine

	Symptoms	Give Checked Medication	
Mouth	Itching, tingling, mild rash or mild swelling		✓ Antihistamine
Skin	Diffuse hives, other rash or swelling	✓ Epinephrine	✓ Antihistamine
Gut	Nausea, abdominal cramps, vomiting diarrhea	✓ Epinephrine	✓ Antihistamine
Throat	Tightening in 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	If reaction is progressing (several of the above areas affected), give	✓ Epinephrine	✓ Antihistamine

The severity of symptoms can change quickly. It is always best to give epinephrine early in the reaction rather than "too late".

Epinephrine: inject intramuscularly (circle one) Epinephrine injector Auvi-Q Adrinaclick SYMJEPi

Antihistamine: give Benadryl _____mg orally

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Step 2: Emergency Calls

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Call Mike Maloney, MD, Lauren Ingram, FNP-C, Tosha McCannon, FNP-C, Billie Nix-Beddingfield, FNP-C at 678-971-5005

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or take child to a medical facility.

Parent/Guardian Signature: _____ Date: ____/____/____

Physician's Signature (required): _____ Date: ____/____/____

Reviewed by School Nurse: _____ Date: ____/____/____