



ALLERGY TREATMENT PLAN FOR FOOD/INSECT ALLERGIES

Student's Name: _____ Date of Birth: _____ Teacher _____

Allergy to: _____ Asthmatic: Yes* No
**Higher risk for severe reaction*

Step 1: Treatment

Symptoms		Give Checked Medication**	
		<small>** To be determined by physician authorizing treatment</small>	
* If allergen exposure has occurred, but no symptoms:		<input type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Mouth	Itching, tingling, mild rash or mild swelling	<input type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Skin	Diffuse hives, other rash or swelling	<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Throat	Tightening of throat, hoarseness, hacking cough	<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Lung	Shortness of breath, repetitive coughing, wheezing	<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Heart	Thready pulse, low blood pressure, fainting, pale, blueness	<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine
Other		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give		<input checked="" type="checkbox"/> Epinephrine	<input checked="" type="checkbox"/> Antihistamine

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr.

Antihistamine: give Benadryl mg orally
Medication/dose route

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 Donell Ducote, FNP-C APRN Lauren Ingram, FNP-C**
at:

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

Parent/Guardian Signature _____ Date: _____

Physician's Signature (required) _____ Date: _____

Reviewed by School Nurse: _____ Date: _____