

# Life-Threatening Allergy Management Plan Rev.8/16

To be completed by MD: Valid for Current School Year \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight \_\_\_\_\_

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

Asthma:  Yes (high risk for severe reaction)  No  See Asthma Action Plan

Extremely Reactive to: \_\_\_\_\_

If known exposure, give epinephrine immediately and call 911.

## Action for Mild Reaction:

### Systems:

Mouth:

Skin:

Gut:

### Symptoms:

itchy mouth

minor itching "and/or" a few hives

mild nausea/discomfort



### Liquid

diphenhydramine (12.5mg/5ml) p.o.  
(can be repeated q 4-6 hours)

cetirizine (5mg/5ml) p.o.  
(do not repeat)

Dose: \_\_\_\_\_

**Stay with student. Alert parent. If symptoms worsen then follow steps for major reaction.**

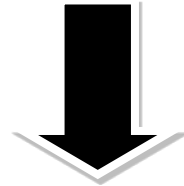
## Action for a Major Reaction: (two systems or single severe symptom)

### Systems:

MOUTH  
THROAT  
LUNG  
HEART  
SKIN  
GUT

### Symptoms:

swelling of the lips, tongue, or mouth  
tight throat, hoarseness, drooling, trouble swallowing  
shortness of breath, repetitive cough and/or wheezing  
thready pulse, faint, confused, dizzy, pale, blue  
multiple hives, swelling about the face and neck  
abdominal cramps, vomiting



### **1. Inject Epinephrine immediately intramuscularly**

Epinephrine 0.3 mg \_\_\_\_\_  Epinephrine 0.15mg \_\_\_\_\_

### **2. Call RESCUE SQUAD 911 ASK FOR ADVANCED LIFE SUPPORT**

- Students should not suddenly sit up, stand or be placed in the upright position.  
This increases risk for sudden death.

### **3. Note time epinephrine was given and repeat dose after 5 minutes if no improvement or worsening symptoms.**

- Antihistamines and inhalers are not first line therapy in a severe reaction.

### **4. Transport via EMS to the emergency department.**

### Emergency Contacts:

Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Other emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DOCTOR'S SIGNATURE

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

\_\_\_\_\_  
Nurses Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print MD Name:

\_\_\_\_\_  
Contact number:

