



## Allergy Action Plan

**Student's Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthmatic: Yes\* No \*Higher risk for severe reaction

### SIGNS OF AN ALLERGIC REACTION

<u>Systems:</u>	<u>Symptoms:</u>
<b>MOUTH</b>	Itching, tingling, or swelling of lips, tongue, mouth
<b>SKIN</b>	Hives, itchy rash, swelling of the face or extremities
<b>GUT</b>	Nausea, abdominal cramps, vomiting, and diarrhea
<b>THROAT†</b>	Tightening of throat, hoarseness, hacking cough
<b>LUNG†</b>	Shortness of breath, repetitive coughing, wheezing
<b>HEART†</b>	Weak or thready pulse, low blood pressure, fainting, pale, blueness

†Potentially life-threatening. The severity of symptoms can quickly change.

### ACTION FOR A MINOR REACTION

1. If only symptom(s) are mild cutaneous and do not involve any other systems then give:

Benadryl (diphenhydramine) \_\_\_\_\_ tsp or \_\_\_\_\_ mg QID PRN

Potential side effects: drowsiness. If not administered reaction could quickly become more severe.

*If condition does not improve within 10 minutes, follow steps for a major reaction below:*

Then call:

1. Mother: \_\_\_\_\_ Father: \_\_\_\_\_

### ACTION FOR A MAJOR REACTION

1. If symptoms affect two or more systems and/or are severe swelling, hives, trouble breathing or passing out

then give: EpiPen (epinephrine) \_\_\_\_\_ mg IM to outer thigh **IMMEDIATELY** and call **911**  
(ask for advanced life support)

Potential side effects: increased heart rate, shakiness. If not administered anaphylaxis could result.

Then call:

2. Parent/Guardian: \_\_\_\_\_

3. Doctor: N. Alan Harris, MD, MPH John S. Sullivan, MD Lawrence G. Pincus, MD at: 508-757-1589

**DO NOT HESITATE TO CALL RESCUE SQUAD!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(expires 1 year from date above)