

Dudley-Charlton Regional School District
Allergy Action Emergency Health Care Plan

Name: _____ DOB: ____/____/____

Grade: ____ Weight: _____ lbs.

What Allergy/Allergies does child have: _____

ASTHMA? YES ____ NO ____ (higher risk for severe reaction)

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS: INJECT EPINEPHRINE- EPI FIRST, EPI FAST & then call 911

- LUNGS: Shortness of breath, wheezing, repetitive cough
- HEART: Pale, or bluish skin, faintness, weak pulse, dizziness
- THROAT: Tight or hoarse throat, trouble breathing or swallowing
- MOUTH: Significant swelling of the tongue or lips
- SKIN: Many hives over body, widespread redness
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, anxiety, confusion

Consider giving antihistamine (Benadryl) and Inhaler (Bronchodilator like Albuterol) if wheezing.

If symptoms do not improve or symptoms return, more Epinephrine can be given about 5 minutes after the last dose. Alert emergency contacts. Transport to ER even if symptoms are resolved. Tell EMS Epinephrine was given.

For mild symptoms Itchy nose, sneezing or runny nose, OR itchy mouth OR a few hives with mild itch OR mild nausea antihistamine (Benadryl) may be given. **IF MORE THAN ONE MILD SYMPTOM or if symptoms worsen give EPINEPHRINE and call 911.**

Medications/Doses:

Epinephrine Brand or Generic: _____

Epinephrine Dose: ____ 0.1 mg IM ____ 0.15 mg IM ____ 0.3mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other medications: Inhaler (such as Albuterol) if wheezing: _____

Emergency contacts: Parent/guardian _____ **Phone** _____

Doctor: _____ Phone _____

Other Emergency Contacts: Name/Relationship _____ Phone _____

Doctor/HCP Authorization: _____ **Date:** _____

Parent/Guardian Consent: _____ **Date:** _____