CHARLOTTE CHRISTIAN SCHOOL
veritas tota | homini toti

2021-22 ALLERGY ACTION PLAN

Health Room Fax #: (704) 368-1078

STUDENT

First: _____

Last: _____

DOB: _____ **Grade:** _____

PARENT

Parent's Names: _____

Father Cell: _____

Mother Cell: _____

→ PARENT SIGNATURE: _____ DATE: _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____
(other than parent)

TO BE COMPLETED BY PHYSICIAN

ALLERGIC TO: _____

ASTHMA: ___ YES (higher risk for a severe reaction) ___ NO

NOTE: Do not depend on antihistamines or inhalers (bronchodialators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE: ___ **If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.**

___ **If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.**

FOR **ANY** OF THE FOLLOWING: SEVERE SYMPTOMS

LUNG
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

OR A COMBINATION
of symptoms from different body areas

1. INJECT EPHINEPHRINE IMMEDIATELY.
2. CALL 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
   - Consider giving additional medications following epinephrine:
     - Antihistamine OR Inhaler (bronchodialtor) if wheezing
   - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
   - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about five minutes or more after the last dose.
   - Alert emergency contacts.
   - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least four hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

For **MILD SYMPTOMS** from **MORE THAN ONE** system area, give epinephrine.

For **MILD SYMPTOMS** from **A SINGLE SYSTEM** area, follow the directions below.

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS

DOES THIS STUDENT HAVE AN EPIPEN

Epinephrine Brand or Generic: _____

Epinephrine Dose: ___ 0.15 mg IM ___ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing):

_____

→ ___ **IF CHECKED STUDENT WILL SELF-CARRY EPI PEN.**

This student is capable and has been instructed in the proper method of self-administering medications named above. All students are encouraged to provide an additional EpiPen to the health room. Middle and upper school students are encouraged to self-carry their emergency medication.

→ PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN NAME PRINTED: _____ PHONE: _____