Appendix F-4A

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
ALLERGY ACTION PLAN

PROCEDURE ON REVERSE

PART I TO BE COMPLETED BY PARENT

Student ________________________________ **D.O.B** _________ **School** ____________________________

ALLERGY ____**Teacher/Grade** _________________

Emergency Contacts:

Name/Relationship **Phone Number(s)**

_________________________________ 1.)______________________ 2.) _____________________

_________________________________ 1.)______________________ 2.) _____________________

Asthmatic “ **Yes*** “ **No** ***Higher risk for severe reaction**

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

TREATMENT PLAN FOR ABOVE ALLERGY

***For medications administered during school sanctioned activities, complete required EpiPen/Medication Authorization forms*.**

Symptoms:		**Give Checked Medication:**	
• If a food allergen has been ingested, but *no symptoms*:		Epinephrine	Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
• Skin	Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
• Throat*	Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
• Lung*	Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
• Heart*	Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
• Other*	___________________________________	Epinephrine	Antihistamine
• If reaction is progressing (several of the above areas affected), give		Epinephrine	Antihistamine

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

DOSAGE

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

Antihistamine: give____
medication/dose/route

Other: give____
medication/dose/route

PLACE EMERGENCY CALLS

1. **Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed**.

2. **Dr.** ____ at _________________________________

_____________________ Licensed Health Care Provider (Print) | __________________________ Licensed Health Care Provider (Signature) | ______________ Telephone | ______________ Date

I approve of this Allergy Action Plan, I give permission for school personnel to perform and carry out the tasks as outlined. I consent to the release of the information contained in this management plan to all staff members and others who have custodial care of my child and who may need to know this information to maintain my child’s health and safety.

_____________________________________ Parent / Guardian Signature | ____________________ Telephone | ______________ Date

Adapted from: Virginia Department of Health, Virginia Department of Education. (2004) *Guidelines for Specialized Health Care Procedures*

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PART III — TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Student________________________________ **School**________________________ **Teacher/Grade** ___________

Parent/Caregiver ________________________ **Phone (H)** ____________ **(W)** _____________ **(C)** __________

ALLERGY ____

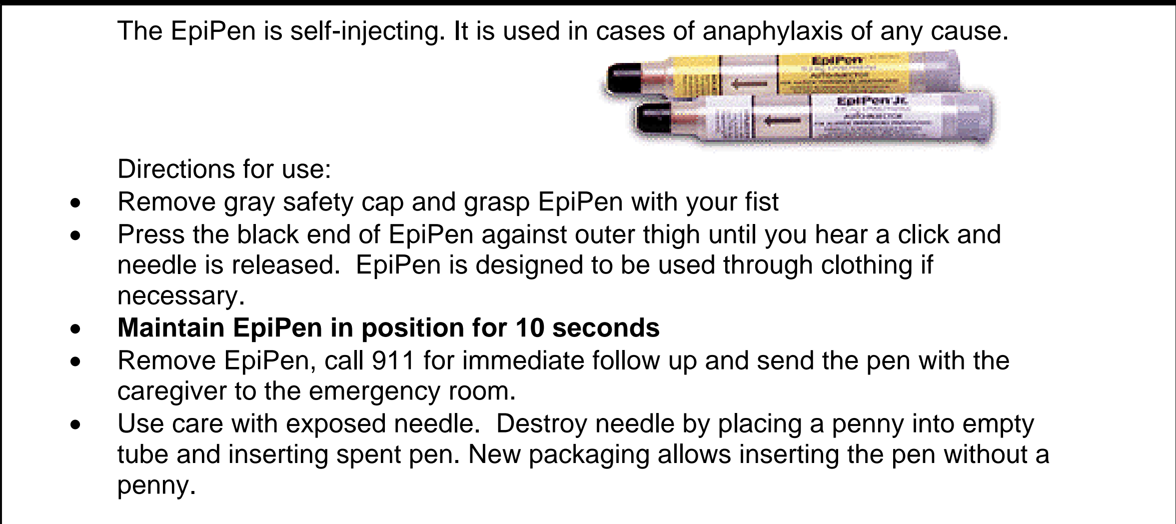
ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL

- Allergy Action Plan Part I and II, complete — **yes** **no**
- Medication authorization complete — **yes** **no** **n/a**
- EpiPen authorization complete — **yes** **no** **n/a**
- Medication maintained in school designated area — **yes** **no**
- Medication self carried — **yes** **no**
- Expiration date of medication(s) ____________________ ____________________
- Staff trained in medication administration — **yes** **no**
- Copies of plan provided to:

Educational	**yes**	**no**	**n/a**	After school	**yes**	**no**	**n/a**
Athletic	yes	no	n/a.	Food service	**yes**	**no**	**n/a**

Trained staff

Name	Date	Location
Name	Date	Location
Name	Date	Location
Name	Date	Location



The EpiPen is self-injecting. It is used in cases of anaphylaxis of any cause.

Directions for use:

- Remove gray safety cap and grasp EpiPen with your fist
- Press the black end of EpiPen against outer thigh until you hear a click and needle is released. EpiPen is designed to be used through clothing if necessary.
- **Maintain EpiPen in position for 10 seconds**
- Remove EpiPen, call 911 for immediate follow up and send the pen with the caregiver to the emergency room.
- Use care with exposed needle. Destroy needle by placing a penny into empty tube and inserting spent pen. New packaging allows inserting the pen without a penny.

Full Allergy Action plan has been implemented.

______________________________ ______________________

Principal or Registered Nurse — Date

Adapted from: Virginia Department of Health, Virginia Department of Education. (2004) *Guidelines for Specialized Health Care Procedures*