

Pittsburgh Public School District Anaphylactic Allergy Action Plan

Student's Name	D.O.B.	Grade
School	School Year	

Anaphylactic allergy to: _____

Y <input type="checkbox"/>	N <input type="checkbox"/>	Student is responsible to carry the EpiPen with them during the school day
Y <input type="checkbox"/>	N <input type="checkbox"/>	The EpiPen will be kept with the nurse or office for immediate retrieval.

Medically necessary classroom or lunchroom accommodations? If Yes, please explain. Y N

STEP 1: TREATMENT

Symptom: The severity of symptoms can quickly change.

Give checked emergency medication

If a food allergen has been ingested, but no symptoms	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
If stung by insect, with or without symptoms	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Mouth- itching, tingling, or swelling of lips or tongue	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Skin- Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Gut- Nausea, belly cramps, sudden vomiting or diarrhea	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Throat- Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Lung- Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Heart- Thready pulse, fainting, pale, blueness, low BP	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Other-	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl

DOSAGE

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

This is an emergency medication and should be administered immediately by designated school staff.

Benadryl: give _____ tsp by mouth if child is able to swallow.

Other: (Albuterol etc.) _____

These medications will be administered by the nurse or student. The nurse should be called to return to the building if she is not present.

STEP 2: EMERGENCY CALLS

1. **Call 911**, state that an allergic reaction has been treated, and additional support is needed.
2. **Emergency Contacts:** Call the parent or guardian to notify them of the incident.

1. Name & Relationship _____ Phone _____

2. Name & Relationship _____ Phone _____

I agree to the above plan, and agree that school health personnel and my child's physician or staff may discuss this plan if there are questions.

Parent/Guardian Signature _____ **Date** _____

Doctor's Signature _____ **Phone** _____ **Date** _____