

CEDAR GROVE SCHOOL DISTRICT

ALLERGY ACTION PLAN-PHYSICIAN'S ORDERS

Student's name: _____ Grade: _____

Date of birth: _____ Weight: _____ School year: _____

ALLERGY TO: _____

Asthmatic: Yes* No

* High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

SYSTEMS:

SYMPTOMS:

- MOUTH itching/swelling of lips, tongue or mouth/angioedema
- SKIN hives, itchy rash and/or swelling about face or extremities
- THROAT* itching and/or tightness in throat, hoarseness and hacking cough
- GUT nausea, abdominal cramps, vomiting, and/or diarrhea
- LUNG* shortness of breath, repetitive cough, wheezing or chest tightness
- HEART* thready pulse, passing out

- ANTIHISTAMINE EPINEPHRINE
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- ANTIHISTAMINE EPINEPHRINE
- EPINEPHRINE
- EPINEPHRINE

SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY. *ALL ABOVE SYMPTOMS CAN POTENTIALLY CHANGE TO LIFE THREATENING.

ANTI HISTAMINE IS NOT A TREATMENT FOR ANAPHYLAXIS!!!!!!

ACTION FOR A MINOR REACTION:

If only symptoms are MINOR rash or MINOR skin itching, give Diphenhydramine _____ mg liquid or tablets.

(_____ tsp @ 12.5 mg per Tsp/diphenhydramine) Possible Side Effect: Sedation

Call parents/guardians or emergency contacts and physician.

ACTION FOR A MAJOR REACTION

- If symptoms progress, and/or person has a cough, hoarseness of voice, tightness of throat, wheezing, and/or shortness of breath give:
 - Epinephrine generic auto-injector, Epipen IM
 - Epinephrine generic auto-injector, Epipen Jr. IM

POSSIBLE SIDE EFFECTS: RAPID HEART RATE, TREMORS

Then call:

- Call 911 and ask for advanced life support
- Call parents/guardians & physician if not already done

IF THERE IS INADEQUATE RESPONSE TO INITIAL EPINEPHRINE INJECTION WITHIN 5 MINUTES, ADMINISTER A SECOND DOSE.

The student is capable and responsible for self-administering the epinephrine: YES NO

PLEASE SIGN:

I understand that under New Jersey Law, a trained delegate will be recruited to administer epinephrine to my child in the absence of a School Nurse. Antihistamines may not be given by a delegate. In the absence of a School Nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.

_____ Parent/Guardian Signature _____ Date

Physician Signature & Date

Address & Phone Number

School Physician

Date

School Nurse

Date