



Meadow Park Preschool and Child Care Center Allergy Action Plan

Name: _____

Birthdate: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic: Yes* _____ No _____ *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:	Give Checked Medication**:	
	**(To be determined by physician authorizing treatment)	
<input type="checkbox"/> If a food allergen has been ingested, but no symptoms:	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Mouth----- Itching, tingling, or swelling of lips, tongue, mouth	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Skin----- Hives, itchy rash, swelling of the face or extremities	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Gut----- Nausea, abdominal cramps, vomiting, diarrhea	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Throat + -- Tightening of the throat, hoarseness, hacking cough	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Lung + ---- Shortness of breath, repetitive coughing, wheezing	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Heart + ---- Weak or thread pulse, low blood pressure, fainting, pale, blueness	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> Other + ---- _____	___ Epinephrine	___ Antihistamine
<input type="checkbox"/> If reaction is progressing (several of the above areas are affected), give:	___ Epinephrine	___ Antihistamine

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twineject 0.3 mg Twinject 0.15 mg
(see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

- CALL 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.
- Dr. _____ Phone Number: _____
- Parent _____ Phone Number (s): _____
- Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

(required)

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____
4. _____
5. _____

EpiPen and EpiPen Jr. Directions

- Pull off Gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-injector mechanism functions. Hold in place and count to 10. Remove the EpiPen unit and massage the injection area for 10 seconds.

Twinject 0.3 mg and Twinject 0.15 mg Directions



- Remove caps labeled "1" and "2"
- Place rounded tip against outer thigh, press down hard until the needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minute, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

**Once EpiPen or Twinject is used,
CALL 911 the RESCUE SQUAD.**

