Dallastown Area School District
700 New School Lane
Dallastown, Pennsylvania 17313-9242
(717) 244-4021 Telephone
(866) 337-8119 Facsimile
www.dallastown.net

ALLERGY EMERGENCY ACTION PLAN

Student Name_____ DOB_____ Grade_____ Teacher_____
Approximate Weight_____ Preferred Hospital_____

Known Allergies_____
Asthma [ ] Yes (high risk for severe reaction) [ ] No
Additional Health Problems _____
Concurrent Medications_____

EMERGENCY ACTION STEPS

Symptom	**Give Checked Medication** (to be determined by physician; see dosage below)	
• If allergen 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+ (weak/thready pulse, low BP, fainting, pale, blueness)	☐ Epinephrine	☐ Antihistamine
• Other+ _____	☐ Epinephrine	☐ Antihistamine
• If reaction is progressing (several of the above areas affected)	☐ Epinephrine	☐ Antihistamine

+ Potentially life-threatening. The severity of symptoms can quickly change.
DO NOT HESITATE TO GIVE EPINEPHRINE

DOSAGE

1. EPINEPRHINE: Inject into thigh using _____ (medication/dosage)
   a. If no improvement within 10 minutes, administer second epinephrine dose.
   b. Student has permission to self-administer epinephrine and has been taught how/when to utilize appropriately.
      [ ] YES [ ] NO (If YES, parent and student must complete self-administration form. See reverse side.)
2. ANTIHISTAMINE: _____ (medication/dosage/route)
3. OTHER: _____(medication/dosage/route)

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

EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Parent/Guardian _____ Phone Number(s)_____
3. Emergency contact(s)

Name/relation	Phone number(s)
a. _____	_____
b. _____	_____

4. Notify administration.

Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian, or emergency contact is not present.

Healthcare Provider Signature _____ Phone Number_____ Date_____
Parent/Guardian Signature _____ Date_____

*Emergency medications brought into nurse's office will be sent on field trips. Students who self-carry are responsible for supplying medications during all school-sponsored activities. Allergy Emergency Action Plan must be renewed/reviewed annually. Forms must be dated July 1 or later. Emergency medications must be picked up by a parent/guardian by the last day of school each year (if student does not have permission to self-carry).

CSN Reviewed (Initials/Date)_____ 7/2015