

SEVERE ALLERGY ACTION PLAN

Severe Allergy To _____

Child's Name _____ Center Name _____

Child's Date of Birth _____ Child's Current Weight _____

EMERGENCY TREATMENT

MILD SYMPTOMS

Several hives
Itching
Swelling at site if insect sting

OR If an ingestion (or sting) is suspected

Treatment of Mild Symptoms

1. Obtain advice from Medication Authorization Form
2. Give _____ of _____ by mouth.
Dosage Antihistamine
3. Contact the parent or emergency contact person.
4. Stay with the child, monitor symptoms. Observe for more serious symptoms **listed below**.

SEVERE SYMPTOMS can cause a life threatening reaction.

Hives spreading over the body
Wheezing, difficulty breathing or swallowing
Swelling of face/neck, tingling or swelling of the tongue
Vomiting
Signs of shock (extreme paleness/grey color, clammy skin)
Loss of consciousness

Treatment of Severe Symptoms

1. **Give Epi-pen or Epi-Pen, Jr. immediately**, place against upper outer thigh, through clothing if necessary.
2. **Call 911-** Epi-Pen only last 20-30 minutes
911 should always be called if Epi-Pen given
3. Contact parents or emergency contact person.

Directions for use of Epi-Pen

1. Pull of grey cap.
2. Place black tip of Epi-Pen against upper outer thigh.
3. Press Epi-Pen hard into outer thigh, until Epi-Pen clicks.
4. Hold Epi-Pen in place for 10 seconds, then remove.
5. Give used Epi-Pen to EMT for disposal.
 - If symptoms don't improve after _____ minutes, administer second dose following steps 1-5 above.

Prescribing Practitioner Signature

Date

Parent/Guardian Signature

Date