



Management of Severe Allergic Reactions & Anaphylaxis



Student's Name: _____ **Date of Birth:** _____
Teacher's Name: _____ **Room #:** _____
ALLERGY TO: _____
Asthmatic? (Y/N) _____ (Yes=Higher Risk for Severe Reaction)

STEP 1: TREATMENT

Symptoms	Give This Medication	
	Epinephrine	Antihistamine
If a food allergen is ingested or suspected bee sting, but <i>no symptoms</i>		
Mouth: itching, tingling, or swelling of lips, tongue mouth		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat*: Tightening of throat, hoarseness, hacking cough		
Lung*: Shortness of breath, repetitive coughing, wheezing		
Heart*: Weak or thread pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progression (several of the above areas affected):		

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

DOSAGE

Epinephrine: inject intramuscularly:

EpiPen® _____ EpiPen JR® _____ Auvi-Q _____
 or generic _____ or generic _____

Antihistamine: give _____

Other: give _____

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

STEP 2: EMERGENCY CALLS

Call 911 (or Rescue Squad). State that an allergic reaction has been treated and additional epinephrine made be needed.

_____ **Doctor's Name** _____ **Doctor's Phone Number** _____
 _____ **Parent's Name** _____ **Parent's Phone Number** _____
 _____ **Emergency Contact 1 Name/Relationship** _____ **Emergency Contact 1 Phone Number** _____

EVEN IF A 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** _____