Healthcare Provider Anaphylaxis Action Plan Bismarck Public Schools

Student's Name:	
DOB:School:	Grade:
Allergic to:	
Does the student have asthma? Yes*	No *Higher risk for severe reaction
Medication/Dosage	
Epinephrine: Inject into thigh (circle one) EpiPen®	EpiPen® Jr. AuviQ Adrenaclick
Antihistamine or other medication: give	Medication/dose/route
Student has been instructed and may administer his/her ow	<u> </u>
Plan of Care If student has ingested the food allergen or has been stung by the (check all that apply): Administer Antihistamine Monitor student and treat according to the development symptoms:	Administer epinephrine
MILD SYMPTOMS ONLY: MOUTH: Itching or tingling to the mouth or face SKIN: A few hives around mouth/face, mild itch or tingling. Hives, redness or welts without generalized swelling	 GIVE ANTIHISTAMINE Stay with student; contact parent(s) or guardian(s) If symptoms progress (see below) USE EPINEPHRIN Monitor student
Anv SEVERE SYMPTOMS: One or more of the following: LUNG: Short of breath, wheeze, persistent cough, difficulty talking HEART: Pale, blue, faint, weak pulse, dizzy, confused THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Obstructive swelling (tongue and/or lips) SKIN: Many hives over body Or combination of symptoms from different body areas: SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips) STOMACH: Vomiting, diarrhea, cramping pain	1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 & parent(s) or guardian(s) 3. Begin monitoring (see box below) 4. Give additional medications:* -Inhaler (bronchodilator) if asthma *Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE
Monitoring after administration of epinephrine autoinjector: Stay with student; alert healthcare professionals and parent. Tell rescuepinephrine was administered. A second dose of epinephrine can be grecur. For a severe reaction, consider keeping student lying on back we reached.	given 5 minutes or more after the first if symptoms persist or
ven if parent/guardian cannot be reached, do not hesitate to medion there instructions for school personnel:	
fealthcare Provider signature:	Date:
ealthcare Provider name printed:	