Wausau School District

Severe Allergy Action Plan

Student Picture Here

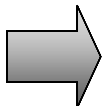
Name ____ DOB ____________
School ____ Grade ___________
Allergy to____

Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No
☐ if checked, give epinephrine immediately if the allergen was LIKELY eaten/contacted for ANY symptoms
☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten/contacted, even if no symptoms are present

For ANY of the following SEVERE SYMPTOMS:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Progressing hives, rash, swelling of eyes
GUT: Vomiting, diarrhea, cramps

Or a **COMBINATION** of symptoms from different body areas

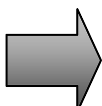


1. **INJECT EPINEPHRINE IMMEDIATELY!**
   Medication ______________________________
   Dose __________________________________
   and give
   Medication ______________________________
   Dose __________________________________
2. **Call 911**. Note time epinephrine was given.
3. Keep student calm and seated.
4. Monitor student's condition and provide first aid if necessary.
5. If symptoms don't improve after _____ minutes, give second dose of epinephrine (if available.)
   Medication ______________________________
   Dose

For MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

IF MORE THAN ONE MILD SYMPTOM, GIVE EPINEPHRINE.



1. **Administer antihistamine***
   Medication ______________________________
   Dose __________________________________
2. Additional medicine, if any
   Medication ______________________________
   Dose __________________________________
3. Stay with student and monitor symptoms
4. **If symptoms don't improve or get worse move on to Severe Symptom treatment.**
5. Call parent and School Nurse

*Claritin and Allegra are not considered fast acting antihistamines and are not appropriate for early treatment of possible anaphylaxis

EMERGENCY MEDICATION MUST BE ACCESSIBLE AT ALL TIMES.
EMERGENCY MEDICATIONS MUST ACCOMPANY STUDENT ON ALL TRIPS AWAY FROM THE BUILDING.

☐ Check box if: Student understands anaphylaxis and has successfully demonstrated epinephrine delivery. Student ***may*** self carry and administer epinephrine device while at school and during school sponsored events.

Physician/Provider Signature ______________________________ Phone ___________________ Date ____________
Effective Date From ________________ To ________________
Parent/Guardian Signature ______________________________ Phone ___________________ Date ____________
Emergency Contact Name ______________________________ Phone ___________________
School Nurse Name ______________________________ Phone ___________________