

# LISD Allergy Action Plan for Secondary Students

Name: \_\_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Severe Allergy to: \_\_\_\_\_

Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No Weight \_\_\_\_\_ lbs.

Student history and warning signs: \_\_\_\_\_

Place  
Student's  
Picture  
Here

MILD SYMPTOMS	
Skin:	a few hives, mild itching
Mouth:	itchy mouth
Stomach:	mild nausea or discomfort
Nose:	itchy, runny nose, sneezing

SEVERE SYMPTOMS	
Skin:	many hives all over, redness, swelling of face, eyes, or lips
Lung:	short of breath, wheezing, repetitive cough
Throat:	tight, hoarse, trouble breathing or swallowing
Mouth:	swelling of tongue and/or lips
Stomach:	vomiting, diarrhea, severe cramping
Heart:	pale, blue, faint, weak pulse, dizzy, confusion, loss of consciousness
Others:	anxiety, feeling bad, or feeling of impending doom

## TREATMENT PLAN

(TWO CHOICES – PLEASE CHECK ONLY ONE):



☐ Plan 1: For MILD SYMPTOMS:

Mild symptoms from **MORE THAN ONE BODY AREA** (skin, mouth, stomach, or nose) are **TREATED AS SEVERE SYMPTOMS!!!** Give **EPINEPHRINE**.

Mild Symptoms from a **single** body area:

1. Give **Antihistamine** if ordered.
2. Stay with student and monitor for worsening symptoms.
3. If symptoms progress, **USE EPINEPHRINE** (treat as **SEVERE** symptoms).
4. Contact parent.

For SEVERE SYMPTOMS:

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.**
3. Give **Antihistamine** and then **Inhaler** if ordered (and not already used).
4. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
5. If symptoms do not improve, or return, more epinephrine may be needed. See order if you need to repeat the dose and when dose is to be repeated.
6. Contact parent.

OR

☐ Plan 2: Give Epinephrine immediately for **ANY** symptoms if the allergen was likely eaten :

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.**
3. Give **Antihistamine** and then **Inhaler** if ordered.
4. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
5. If symptoms do not improve, or return, more epinephrine may be needed. See order if you need to repeat the dose and when dose is to be repeated.
6. Contact parent.

## ORDERED MEDICATIONS AND DOSES

**Antihistamine Brand:**

- [ ] Benadryl or Diphenhydramine  
[ ] Other: \_\_\_\_\_

**Antihistamine Dose:**

- [ ] 12.5 mg [ ] 18.75 mg [ ] 25 mg  
[ ] 31.25 mg [ ] 37.5 mg [ ] 43.75 mg  
[ ] 50 mg

Nurses Notes: \_\_\_\_\_ mg = \_\_\_\_\_

Student may carry and self-administer? Y N

**EPINEPHRINE Dose:**

- [ ] 0.15 mg IM [ ] 0.3 mg IM

**EPINEPHRINE Brand:**

- [ ] EpiPen [ ] Auvi-Q

[ ] If not improved, give second dose of Epinephrine in \_\_\_\_\_ minutes.

[ ] Student will not have second dose of Epinephrine at school. \_\_\_\_\_ Parent's Initials

Student may carry and self-administer? Y N

**Inhaler or Other**

(e.g., inhaler-bronchodilator if asthmatic):

Brand: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Indication for use: \_\_\_\_\_

Student may carry and self-administer? Y N

I request and authorize Lewisville ISD personnel to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer these medications. This form is valid for one school year. Physician must be licensed to practice in Texas. Temporary (2 months) orders for out of state US Physicians are acceptable to initiate treatment for transferring students. A signature is required to authorize the registered nurse and the prescribing physician to discuss and/or clarify the medication order and the student's response to the treatment plan. Elementary students are not permitted to transport medications. Unused medications not picked up at the end of the school year will be disposed of properly.

Physician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Revised 4/17 EpiPen Expires: \_\_\_\_\_ Lot #: \_\_\_\_\_ Benadryl Expires: \_\_\_\_\_ Inhaler Expires: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

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Severe Allergy To: \_\_\_\_\_

**TREAT STUDENT BEFORE CALLING EMERGENCY CONTACTS**

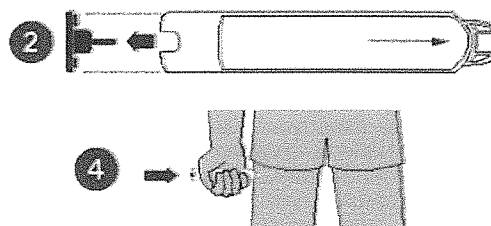
The first signs of a reaction can be mild, but symptoms can get worse quickly

**THIS SIDE OF FORM TO BE COMPLETED BY SCHOOL NURSE**

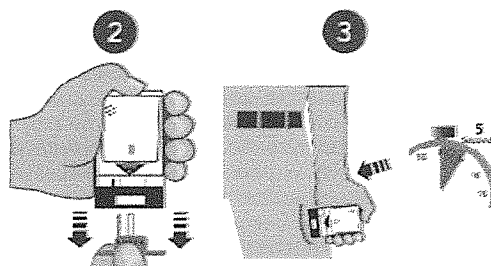
WHEN THIS HAPPENS	DO THIS

**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**Emergency Contacts – CALL 911 FIRST****Rescue Squad: 911**

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Staff Trained on Student's Allergy Action Plan  
Name & Date**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
Campus Nurse Signature\_\_\_\_\_  
Date

Revised 1/16