



ALLERGY ACTION PLAN FOR CAREGIVERS



CHILD'S INFORMATION

NAME: _____ DOB: _____ WEIGHT: _____

ALLERGIES: Peanuts Tree Nuts Dairy Soy Eggs Sesame Fish Shellfish Wheat/Gluten
 Other: _____

EMERGENCY CONTACT INFORMATION

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

SIGNS OF AN ALLERGIC REACTION

MILD

- Itchy/runny nose, sneezing
- Itchy mouth
- A few hives/mild itching
- Mild nausea/discomfort

SEVERE

- Trouble breathing or swallowing
- Shortness of breath, wheezing, coughing
- Swelling of face, eyes, lips
- Face turning pale or blue
- Hives in multiple areas of the body
- Weak pulse, feeling faint, dizziness
- Severe vomiting, diarrhea or pain
- Anxiety or confusion

IF EXPOSED TO ALLERGENS, PLEASE DO THE FOLLOWING:

GIVE ANTIHISTAMINE

- In addition to epinephrine.
- Only for mild symptoms, like a few hives.

TYPE OF ANTIHISTAMINE

- Benadryl/Diphenhydramine Dose: _____
- Other: _____ Dose: _____

- Alert healthcare professional and parents
- Monitor for at least 30 minutes to see if symptoms worsen
 - Give epinephrine if symptoms continue or get worse

GIVE EPINEPHRINE – INJECT INTO THE THIGH IMMEDIATELY AND CALL 911.

Medical guidelines recommend giving epinephrine if child...

1. Is at risk for anaphylaxis
2. Is having severe allergic symptoms
3. Is having multiple symptoms (even mild ones) at same time

- Ask for an ambulance equipped with epinephrine
- Note the time epinephrine was given
- A second dose can be given if symptoms do not start to go away after five minutes

EMERGENCY MEDICINES (EG. AUTO INJECTORS, BENADRYL) ARE LOCATED: _____