



**Orinda Union School District
Severe Allergy Action Plan**

ALLERGY TO: _____

Student's Name: _____ DOB: _____

Asthmatic: Yes _____ No _____ *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

<u>Systems:</u>	<u>Symptoms:</u>
MOUTH	Itching, swelling of the lips, tongue, or mouth
THROAT*	Itching and/or sense of tightness in the throat, hoarseness, and hacking
SKIN	Hive, itchy rash and/or swelling about the face or extremities
GUT	Nausea, abdominal cramps, vomiting and/or diarrhea
LUNG*	Shortness of breath, repetitive coughing, and/or wheezing
HEART*	Thready pulse, passing out

The severity of symptoms can change quickly. *All above symptoms can potentially progress to a life-threatening situation.

Action For Minor Reaction

- If only symptom(s) are: _____,
give _____.
- Then Call:
Mother: _____ Father: _____
or Emergency contacts: _____
- Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

- If ingestion is suspected and/or symptom(s) are: _____,
Give: _____

IMMEDIATELY CALL!

1. Rescue Squad 911 (ask for advanced life support)
2. Call Mother _____ Call Father _____
3. Emergency Contacts _____
4. Dr. _____ Phone: _____

DO NOT HESITATE TO CALL 911

Parent's Signature _____ Date: _____

Doctor Signature: _____



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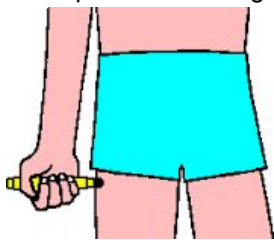
EMERGENCY CONTACTS	
Name: Relation: Phone:	
Name: Relation: Phone:	
Name: Relation: Phone:	
Name: Relation: Phone:	

EPIPEN AND EPIPEN JR. DIRECTIONS

Pull off activation cap.



Hold tip near outer thigh (always apply to thigh).



Jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and taken with the student to the Emergency Room. Massage the injection area for 10 seconds.