# Cypress-Fairbanks Independent School District

## Health Services: Allergy & Anaphylaxis Action Plan

Name: _____ Student ID: _____ DOB: _____/_____/_____

Allergy to: _____ Asthma: **[ ] Yes** (↑ risk for a severe reaction) **[ ] No**

Student to sit at "allergen aware" table (utilized only by other students with severe food allergies) during school lunch: **[ ] Yes [ ] No**

## MEDICATION(S)

Epinephrine brand: _____

Epinephrine dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

[ ] If checked, **give epinephrine immediately** if the allergen was definitely eaten, even if no symptoms are noted and call 911.

Antihistamine brand or generic: _____

Oral antihistamine dose: _____

Other (e.g. inhaler if wheezing): _____

_____

## SELF-ADMINISTRATION

To be completed by prescribing healthcare provider (HCP) only.

I have assessed the student named above in appropriate medication administration. Based on my assessment, I recommend:

[ ] allowing student self-transport/administration of epinephrine for the current school year. During my assessment the student verbalized the purpose of the medication, the time/circumstance to administer, and when to seek help from school staff.

[ ] restricting permission to self-transport/administer epinephrine and reevaluating permission at a later date.

[ ] other: _____

| **SYMPTOMS** (mild to severe) | | **TREATMENT** (as checked) | |
|---|---|---|---|
| CFISD staff will **administer medication(s)** as prescribed, **contact 911** for epinephrine administration, and **notify parents/guardians** of action plan initiation (mild or severe response). | | | |
| Nose: | itchy/runny, sneezing | [ ] epinephrine & 911 | [ ] antihistamine |
| Mouth: | itchy, tingling | [ ] epinephrine & 911 | [ ] antihistamine |
| Mouth: | significant swelling of the tongue and/or lips | [ ] epinephrine & 911 | [ ] antihistamine |
| Gut: | nausea/mild discomfort | [ ] epinephrine & 911 | [ ] antihistamine |
| Gut: | repetitive vomiting, severe diarrhea, severe discomfort | [ ] epinephrine & 911 | [ ] antihistamine |
| Throat: | tight, hoarse, trouble breathing/swallowing or swelling | [ ] epinephrine & 911 | [ ] antihistamine |
| Heart: | pale, blue, faint, weak pulse, dizzy | [ ] epinephrine & 911 | [ ] antihistamine |
| Lung: | short of breath, wheezing, repetitive cough | [ ] epinephrine & 911 | [ ] antihistamine |
| Skin: | few hives, mild itch | [ ] epinephrine & 911 | [ ] antihistamine |
| Skin: | many hives over body, widespread redness | [ ] epinephrine & 911 | [ ] antihistamine |
| Other: | | [ ] epinephrine & 911 | [ ] antihistamine |
| [ ] **Repeat epinephrine** for symptoms lasting longer than _____ minutes after 1st dose | | | |

_____ _____ (_____) _____-_____ _____/_____/20_____

Printed name of HCP Signature of HCP Phone number Date

I agree with the recommendations of my child's HCP and authorize CFISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate CFISD employees for the current school year.

_____ _____ (_____) _____-_____ _____/_____/20_____

Printed name, parent/guardian Signature parent/guardian Phone number Date

Revised 2/2017