

NASHOBA REGIONAL SCHOOL DISTRICT  
ALLERGY ACTION PLAN

PLACE  
STUDENT'S  
PHOTO  
HERE

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

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

➤ **STEP 1: TREATMENT**

**Symptoms:**

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat: † Tightening of throat, hoarseness, hacking cough
- Lung: † Shortness of breath, repetitive coughing, wheezing
- Heart: † Thready pulse, low blood pressure, fainting, pale, blueness
- Other † \_\_\_\_\_

The severity of symptoms can quickly change.

† Potentially life-threatening.

**DOSAGE**

**Epinephrine:** auto injector (circle one) EpiPen .3mg EpiPenJr .15mg Auvi-Q 0.3mg Auvi-Q 0.15mg

**Other medication order:** \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

➤ **STEP 2: EMERGENCY CALLS**

1. Call 911 (Remember to dial 8, then 911 when in school building)—State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Parent(s) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

3. Emergency contact:

Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY**

Licensed Healthcare provider's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Delegation of Epinephrine Administration: The Nashoba Regional School District is registered with the DPH for the limited purpose of permitting unlicensed, properly trained personnel to administer epinephrine by auto injector to students with a diagnosed life-threatening allergic condition when a school nurse (RN) is not immediately available, provided that the conditions defined in 105 CMR 210.100 are met, i.e. training to staff and emergency plan in place.

**I have received, reviewed, and understand the above information:**

Parent/Guardian Signature

Date

**TRAINED STAFF MEMBER:** \_\_\_\_\_ **ROOM** \_\_\_\_\_  
Completed by school nurse