

Wausau School District Severe Allergy Action Plan

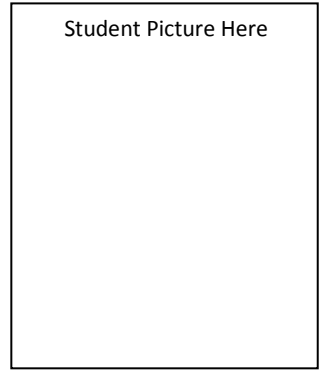
Student Picture Here

Name: _____ D.O.B: ____ / ____ / ____

School: _____ Grade: _____

Allergy to: _____

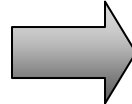
Asthma: Yes (higher risk for a severe reaction) No



**ALL STUDENT'S EMERGENCY MEDICATIONS MUST BE EASILY ACCESSIBLE AT ALL TIMES.
EMERGENCY MEDICATIONS MUST ACCOMPANY STUDENT ON ALL TRIPS AWAY FROM THE BUILDING.**

MILD SYMPTOMS ONLY: exposure unknown

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. Administer antihistamine: *

Medication _____

Dose _____

2. Additional medicine if any:

Medication _____

Dose _____

3. Stay with student.

4. Call parent and School Nurse

If symptoms don't improve or get worse move on to Severe Symptom treatment

Any SEVERE SYMPTOMS: exposure suspected or known

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

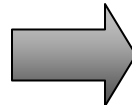
MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Progressing hives, rash, swelling

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, cramps



1. INJECT EPINEPHRINE IMMEDIATELY

Medication: _____

Dose: _____

2. Call 911, Notify time Epinephrine given.

3. Keep Student calm, and seated.

4. Monitor students condition and provide first aid if necessary.

5. If symptoms don't improve after ____ minutes, give second dose of Epi (if available).

Medication: _____

Dose: _____

* Claritin and Allegra are not considered fast acting antihistamines, and are not appropriate for early treatment of possible anaphylaxis

Check box if: Student understands anaphylaxis and has successfully demonstrated epinephrine delivery. Student *may* self carry epinephrine device while at school and during school sponsored events.

Physician/Provider Signature: _____ Phone# _____ Date _____

Effective Date From: _____ To: _____

Parent/Guardian Signature: _____ Phone#: _____ Date _____

Emergency Contact Name: _____ Phone # _____

School Nurse Name: _____ Phone # _____