



## **Emergency Action Plan**

		Cvade		Date of Birth: om/Teacher:	1.00
HOCHL'S JAM	E	Grade:	ж	oom/ 1 cacner:	
llergic	to:				
sthmatic:	Yes*□ No □	* Higher risk for sever	re reaction		
		• STEP 1: TREATMENT	•		
mptoms:				Give Checke (To be determined by phy	ed Medication: vsician authorizing tre
ONE:	If a food allerge	n has been ingested, but no sym	ptoms	☐ Epinephrine	☐ Antihistamine
JNGT:	shortness of bre	ath, wheezing, or hacking cough	h	□ Epinephrine	□ Antihistamine
EARTT:	pale, blue, faint,	weak pulse, dizzy, confused		□ Epinephrine	☐ Antihistamine
HROATT:	tightening of the	oat, hoarseness, or trouble swal	llowing	□ Epinephrine	DAntihistamine
OUTH:	itching, tickling	or swelling of lips, tongue and	mouth	☐ Epinephrine	□Antihistamine
KIN:	hives, itchy rash	, swelling of the face or extrem	ities	□ Epinephrine	☐ Antihistamine
BDOMEN:	nausca/ vomitin	g, abdominal cramps, or diarrhe	a	☐ Epinephrine	☐ Antihistamine
THERT:				□Epinephrine	DAntihistamine
reaction is		al of the chara areas affected	) give	☐ Epinephrine	☐ Antihistamine
ne severity o	f symptoms can qui	al of the above areas affected) ickly change. †Potentially life- uty (circle one) EpiPen®	threatening.	Fwinject™0.3mg Tv	vinject <sup>TM()</sup> . 15mg
ne severity o	f symptoms can qui	ickly change. †Potentially life-	threatening.	Fwinject™0.3mg Tv	vinject <sup>TM</sup> (). 15mg
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c severity of the severity of	inject intramuscular give (medication medication/dose/routate that an allergic contacts: lationship	ickly change. †Potentially life- inty (circle one) EpiPen® 1 idose/route)  STEP 2: EMERGENCY CALI reaction has been treated, and a at	EpiPen®Jr.  LS   additional epins  Phone  1	Envinject No.3mg Two  Exphrine may be needed.  Environment Number(s)  2	D MEDICAL FACILIT

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