

Desoto County Schools **Severe Allergy Care Plan**

Student Name: _____ Age: _____

School: _____

Allergies: _____

Asthma Yes (high- risk for severe reaction) No

Student may carry own Epinephrine Yes No **Location of Epi-pen:** _____

Check if EpiPen should be given immediately for **ANY symptoms** if student was likely exposed

Check if EpiPen is only given if student was definitely exposed, **even if no symptoms**

Symptoms of Anaphylaxis

Mouth Itching, swelling of lips and/or tongue

Throat Itching, tightness/closure, hoarseness

Skin Itching, hives, redness, swelling

Gut Vomiting, diarrhea, cramps

Lung* Shortness of breath, cough, wheeze

Heart* Weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

**Some symptoms can be life-threatening. ACT FAST*

Emergency Action Steps: Do Not Hesitate To Give Epinephrine!

1. Inject Epinephrine in thigh using (check one): Adrenaclick (0.15mg) Adrenaclick (0.3mg)
 Auvi-Q (0.15mg) Auvi-Q (0.3mg)
 EpiPen Jr. (0.15mg) EpiPen (0.3mg)

Specify others: _____

Important: Asthma Inhalers and/or antihistamines can't be depended on in Anaphylaxis.

2. **Call 911**

3. **Call Parent/Guardian: Name:** _____ **Phone:** _____

Name: _____ **Phone:** _____

Comments: _____

X _____
(Doctor's signature/Date/Phone Number)

X _____
(Parent/Guardian Signature/Date/Phone Number)