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)*