



This plan should not be used in cases of known anaphylaxis-This document is for mild allergies and only for authorization of antihistamines-not for epinephrine auto-injectors

THIS STUDENT HAS HISTORY OF ALLERGY TO: _____

Right Student			DOB	
Right Medication (mark applicable medication & dosage)	<input type="checkbox"/> Diphenhydramine (Benadryl)		<input type="checkbox"/> Loratadine (Claritin)	<input type="checkbox"/>
Right Dose	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg		<input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg	<input type="checkbox"/> mg
Right Route	By mouth	Right Time	Every _____ hrs as needed for allergies.	

Administer medication immediately upon known exposure to known allergen.

Administer antihistamine upon mild symptoms of allergic reaction:

- Small localized rash or redness
- Mild itching at area of contact
- Intermittent sneezing
- Eye irritation; watering, red eyes
- Nasal drip or congestion

1. For skin contact with allergen, wash/rinse affected area thoroughly with running water.
2. For insect sting, scrape stinger away immediately and apply ice to sting site.
3. Monitor student for signs of anaphylaxis (below) under direct observation for 30 minutes. If mild symptoms subside, student may return to class. If mild symptoms persist or worsen or student becomes somnolent, student should be dismissed to home.

IF SYMPTOMS INCREASE OR IF ANY SIGNS BELOW ARE PRESENT:

- Continuous sneezing, wheezing, or coughing
- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Itching, with or without hives, raised red rash in any area of body
- Sense of impending disaster or approaching death
- Rapid or weak pulse
- Skin flushing or extreme paleness
- Burning sensation, especially face or chest
- Swelling throat
- Difficulty swallowing
- Hoarseness
- Sweating and anxiety
- Nausea, abdominal pain, vomiting, or diarrhea
- Dizziness and/or fainting
- Involuntary bowel or bladder emptying
- Blueness around lips, inside lips, eyelids
- Loss of consciousness

1. **Call EMS/9-1-1; Epinephrine trained staff; CPR trained staff, RN and Parents**
2. **Initiate CPR for absent breathing if you are trained.**

Parent Signature: _____ Date: _____

School RN Signature: _____ Date: _____

MD Signature: _____ Date: _____

MD signature is required only if dosing deviates from manufacturer's directions or pharmacy label