



# Buckingham Browne & Nichols School Health Services

## Camp Allergy Action Plan for EpiPens

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthmatic: Yes\*\* \_\_\_\_\_ No \_\_\_\_\_ (\*\*Higher risk for severe reaction)

### STEP 1: TREATMENT

Monitor closely! The severity of symptoms can quickly change!

#### Symptoms:

- If an allergen has been ingested/inhaled/injected, but *no symptoms*:
- Mouth (Itching, tingling, or swelling of lips, tongue or mouth)
- Skin (Hives, itchy rash, swelling of the face or extremities)
- Gut (Nausea, abdominal cramps, vomiting, diarrhea)
- Throat (Tightening of throat, hoarseness, hacking cough)
- Lung (Shortness of breath, repetitive coughing, wheezing)
- Heart (Thready pulse, low blood pressure, fainting, pale, blueness)

#### Medication: (Check)

- EpiPen \_\_ Antihistamine \_\_
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#### Dosage:

**EpiPen:** Inject EpiPen Intramuscularly

**Antihistamine:** Benadryl 25-50mg AFTER EpiPen

**Other:** For students with associated asthma, who are experiencing shortness of breath or wheezing with NO allergy symptoms, please administer Albuterol Inhaler (1-2 puffs)

### STEP 2: EMERGENCY CALLS

1. **CALL 911.** State that a severe allergic reaction has been treated, and additional epinephrine may be needed.
2. Notify \_\_\_\_\_ at \_\_\_\_\_  
(Student's Physician) (Telephone)
3. Notify at least one of the of the Emergency Contacts:
  - 1) \_\_\_\_\_ (Name/Relationship)  
\_\_\_\_\_ (Phone number)
  - 2) \_\_\_\_\_ (Name/Relationship)  
\_\_\_\_\_ (Phone number)
  - 3) \_\_\_\_\_ (Name/Relationship)  
\_\_\_\_\_ (Phone number)

### STEP 3: EMERGENCY TRANSPORT TO NEAREST HOSPITAL

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_