



Buckingham Browne & Nichols School Health Services

Camp Allergy Action Plan for EpiPen Jr

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 ___
- EpiPen ___ Antihistamine ___
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Dosage:

Epipen: Inject EpiPen Jr Intramuscularly

Antihistamine: Benadryl 12.5 - 25 mg AFTER Epipen. Children < 6 years old: 1.25 mg/kg/dose

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 _____