



ALLERGY ACTION PLAN

SIGNS OF AN ALLERGIC REACTION

Systems

Symptoms*

MOUTH	Itching and swelling of the lips, tongue or mouth
THROAT	Itching and/or sense of tightness in the throat, hoarseness/hacking cough
SKIN	Hives, itchy rash and/or swelling about the face or extremities
GASTROINTESTINAL	Nausea, abdominal cramps, vomiting and/or diarrhea
LUNG	Shortness of breath, repetitive coughing and/or wheezing
HEART	"Thready" pulse, unconsciousness or "passing out"

***The severity of symptoms can quickly change! All above symptoms can potentially progress to a life threatening situation.**

ACTION FOR MINOR REACTION

If only symptom(s) are: _____

Provide: _____

(medication/dose)

Mother _____ Cell Phone _____

Father _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____

and/or Doctor _____ Office Phone _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

If ingestion is suspected and/or symptoms are _____

Give _____ **IMMEDIATELY!**

(medication/dose)

Then call:

1. Rescue Squad (ask for advanced life support) **911**

2. Mother, Father, and/or emergency contact person

3. Doctor

DO NOT HESITATE TO CALL RESCUE SQUAD

Parent's Signature: _____ Date: _____