



Diocese of Corpus Christi  
Office of Catholic Schools  
Life Threatening Allergy Action Plan

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Allergy: \_\_\_\_\_

\_\_\_\_\_ if checked, give epinephrine for **ANY** symptom related to *definite* or *likely* exposure.

\_\_\_\_\_ if checked, give epinephrine immediately for *definite* exposure, even if no symptoms noted.

**Severe symptoms after definite or likely contact to Allergy:**

- Lung:** Short of breath, wheeze, repetitive cough
- Heart:** Pale, blue, faint, weak pulse, dizzy, confused
- Throat:** Tight, hoarse, trouble breathing/swallowing
- Mouth:** Obstructive swelling (tongue and/or lips)
- Skin:** Many hives over body

Or *combination of symptoms* from different body areas:

- Skin:** Hives, itchy rashes, swelling (e.g., eyes, lips)
- Gut:** Vomiting, crampy pain

**PLAN A**

1. INJECT EPINEPHRINE IMMEDIATELY
  2. CALL 911
  3. Begin monitoring
  4. Give additional medications: \* Inhaler/Bronchodilator, Antihistamine
- \*Antihistamines & Inhalers/Bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).  
USE EPINEPHRINE

**Mild symptoms after definite or likely contact to Allergy:**

- Mouth: Itchy mouth
- Skin: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort

**PLAN B**

1. GIVE ANTIHISTAMINE
2. Stay with student: alert health care professionals and parent
3. IF symptoms progress (see above Plan A), USE EPINEPHRINE and CALL 911
4. Begin monitoring

**Medications/Doses: As per Diocesan Medication Administration Form on file**

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator): \_\_\_\_\_

Clinician Name Sign \_\_\_\_\_

Clinician Name Print \_\_\_\_\_

Office Number \_\_\_\_\_