



SEVERE ALLERGY MANAGEMENT PLAN

_____ (child's name) is allergic to the following:

_____.

Accidental ingestion or sting could lead to a severe anaphylactic reaction.

Early signs of anaphylactic reaction include the following symptoms:

Mouth	Itching and swelling of the lips, tongue or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness and "hacking" cough
Skin	Hives, itchy rash and/or swelling about the face or extremities
Stomach	Nausea, abdominal cramps, vomiting and/or diarrhea
Lung	Shortness of breath, repetitive coughing and/or wheezing
Heart	Thready pulse, passing out

If an accidental ingestion or insect sting is suspected, give Benadryl liquid or tablets.

The dosage is _____ tsp. or _____ tabs.

***IF ANY THROAT, LUNG OR HEART SYMPTOMS DEVELOP, GIVE EPINEPHRINE _____ mg. immediately and transport to the nearest emergency room. May repeat in 5-10 minutes, if needed.**

Notify _____ at _____ of the reaction.

Dr. _____ may also be called at _____ regarding the reaction and/or any questions.

Do not hesitate to administer medication or take the child to an emergency room.

_____, M.D.
Physician's Signature

Parent/Guardian Signature

Date _____

04/25/2018