Anaphylaxis Action Plan AIS-R
For those requiring emergency epinephrine treatment

Name student: ____________________________________________ Grade: ____________

Allergic to: ____________________________________________

History of Asthma: □ Yes □ No

History of Anaphylaxis: □ Yes □ No

Step 1: Preparing for an emergency

Epinephrine dose:  
____EpiPen Jr. (0.15 mg) – up to 44 lbs  
____EpiPen (0.3 mg) - above 44 lbs  

Antihistamine type + dose:  
____Benadryl _______ mgr  
____Other __________________________

dose:__________________________

Step 2: Evaluating reaction

Body system: Symptoms:
Mouth.............. Itching, tingling, or swelling of lips, tongue or mouth
Skin.............. Itchy rash or swelling
Gut.............. Nausea, abdominal cramps, vomiting or diarrhea
Throat.............. Tightening of throat, hoarseness or hacking cough
Lung.............. Shortness of breath, coughing or wheezing
Heart.............. Weak pulse, dizziness, fainting, or pale or blue skin
Other............. _______________________________________

Step 3: Treatment for emergency

* If allergic food eaten and any other symptoms than mouth  
* If allergic food not known to be eaten plus two or more body symptoms of systems  
* If bee sting

1. Give EpiPen  
2. Call transportation to nearest hospital  
3. Give antihistamine  
4. Inform parents

*If allergic food eaten and no symptoms  
*If allergic food eaten and symptoms only in and around mouth

1. Give antihistamine  
2. Continue to watch person for symptoms  
3. Inform parents

The parents/guardians should provide adrenalin (in the form of a self-administering EpiPen) to be kept in the nurse’s office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

Signature Parent/Guardian ____________________________ Date ____________________________

Mobile Father: ____________________________ Mobile Mother: ____________________________