MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

ALLERGY ACTION PLAN FAX NUMBER: 978-345-2217

has	s been prescribed an Epinephrine Auto-Injector.
Patient's Name	
EpiPen 0.3 mg EpiPen Jr. 0.15 mg	
For an allergy to:	
This patient has Asthma. Wheezing/c reaction should be treated with Epinephrine first.	hest tightness during a possible Anaphylaxis
If exposure occurs, please follow the instructions b	elow:
1. Exposure only, no symptoms - Use th transport to an emergency room. If symptoms begi given in 5 to 10 minutes. Antihistamines are not inc	n,continue or return, a second dose may be
2. The following symptoms can progress (covering the body), abdominal pain, vomiting, diantightness/heaviness, shortness of breath, wheezing immediately and call 911 for transport to an emesecond dose may be given in 5 to 10 minutes. Anaprecommended to use the EpiPen if you are unsure.	g, fainting, and lethargy. Use the EpiPen ergency room. If symptoms continue or return, a
3. Antihistamines may be used for a few nose. Antihistamines SHOULD NOT be used if sympliarrhea, throat tightening, chest tightness/heaving lethargy. Benadryl Other antihi	ess, shortness of breath, wheezing, fainting, or
Observe for 1 hour. If symptoms worsenUse the transport. The Epipen is safe to use with BenadrylYes, Student may carry and self-administed.	•
	MD, NP, PA Phone
Signature of Prescriber	
Date of Order	Discontinuation
***Please administer as prescribed	
Si	ignature of Parent/Guardian
Contact numbers:	