

Individual Action Plan – R.E.A.C.T.

An Emergency Response Procedure for Anaphylaxis

Student's Name: _____

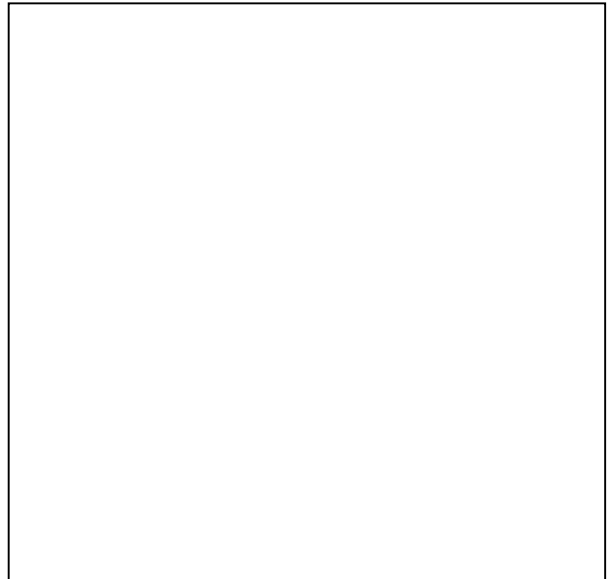
Allergies: _____

Date of Birth: _____

Specific Instructions/Triggers: _____

Class Room: _____

Teachers: _____



R. Recognize Anaphylactic Symptoms

- _____
- _____

E. Emergency Service

- Call 911

A. Administer Epinephrine if applicable

- Get Epi-Pen from: _____
- Lay student down
- Administer Epi-Pen in thigh area as per guidelines

C. Comfort

- Maintain open airway and circulation
- Reassure and remain with child until emergency response team arrives
- Keep child warm and comfortable

T. Telephone Parents/Guardian

- 1) _____
- 2) _____

Signature of Parent/Guardian: _____ **Date:** _____