

**Allergy-****Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing **severe allergic reactions to** and mild allergic reactions to      .

**Desired Outcome:**       will avoid allergy triggers and take medications as prescribed. Staff will respond as trained if       ingests and/or is exposed to a known trigger or if symptoms of an allergic reaction are exhibited.

**Why at risk/History:**

**Allergies** are abnormal reactions of the immune system that occur in response to otherwise harmless substances. The sensitizing substance, called allergens, may be inhaled, swallowed or come in contact with the skin. Allergic reactions depend on the body part involved. Many allergic reactions are mild, while others can be severe and life­ threatening. They can be confined to a small area of the body or they may affect the entire body. The most severe form is called anaphylaxis or anaphylactic shock. This is rapid in onset (minutes to hours) and can cause death. **Seasonal allergies or hay fever, also called allergic rhinitis,** causes cold-like symptoms. However, unlike a cold, hay fever isn't caused by a virus — it's caused by an allergic response to indoor or outdoor airborne allergens, such as pollen, dust mites, or pet dander. Hay fever may occur seasonally or year-round. Symptoms may start or worsen at a particular time of year, triggered by tree pollen, grasses or weeds. People sensitive to indoor allergens such as dust mites, cockroaches, mold or pet dander, you may have year-round symptoms. Signs and symptoms of hay fever usually develop immediately after being exposed to specific allergens.

**Anaphylaxis**- Anaphylaxis is the term for any combination of allergic symptoms that is rapid or sudden, and potentially life threatening. Call an ambulance immediately if you suspect anaphylaxis. A person experiencing anaphylaxis may be pale or red, sweaty or dry, confused, anxious, or unconscious. Breathing may be difficulty of noisy or the person may be unable to breathe at all.

**Supports and interventions:**

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* Staff will assist      , as needed, to know and avoid allergy triggers, which are      .
* **If      , staff will administer Epi-pen:**
	+ Pull off the blue safety cap
	+ Position the orange tip to the outer thigh 10 cm away (the size of a bagel)
	+ Jab the orange tip at 90 degree angle to the thigh (right through clothing)
	+ Hold for 10 seconds
	+ Remove the pen and the needle will be covered
	+ Discard in sharps container
	+ **Call 911**

**Monitor:**

**Common symptoms of a mild allergic reaction include:**

* Sneezing, often accompanied by runny or clogged nose
* Coughing and postnasal drip
* Itching eyes, nose, and throat
* Dark circles under the eyes caused by increased blood flow near sinuses.
* Red swollen eyes with crusting of the eyelids
* Red itchy skin
* Welts
* Hives (especially over the neck and face)
* Itching
* Nasal congestion
* Rashes
* Watery, red eyes

**Symptoms of a moderate or severe reaction include:**

* Difficulty breathing
* Unconsciousness
* Cramps or pain in the abdomen
* Chest discomfort or tightness
* Diarrhea
* Difficulty breathing
* Difficulty swallowing
* Dizziness or light-headedness
* Fear or feeling of apprehension or anxiety
* Flushing or redness of the face
* Nausea and vomiting
* Heart palpitations
* Low blood pressure
* Swelling of the face, eyes, or tongue
* Weakness
* Wheezing
* Cyanosis- bluish or purplish discoloration of the skin or mucous membranes
* **Anaphylaxis**

**Notify:**

* **Call 911 if Epi-pen is administered, ingests and/or is exposed to a trigger known to cause a severe reaction, exhibiting anaphylaxis, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse if       ingests and/or is exposed to a known trigger, of any symptoms of an allergic reaction, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers if       ingests and/or is exposed to a known trigger, of any symptoms of an allergic reaction, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Allergy-** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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