

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] **Yes (higher risk for a severe reaction)** [] **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____








THEREFORE:

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	<p>OR A COMBINATION of symptoms from different body areas.</p>

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
---	--	--	---

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

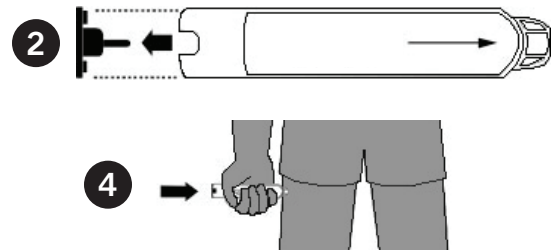
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

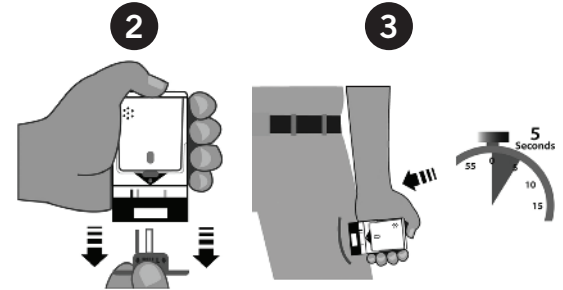
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

TO BE COMPLETED BY PARENT/GUARDIAN, STUDENT AND SCHOOL

Allergy/anaphylaxis Action Plan (cont) Student Name: _____ DOB _____

Parent/Guardian Authorizations :

- I authorize the school nurse to share this information with faculty and staff, to implement the Allergy Action Plan, to administer medication, and to contact my daughter's health care provider as necessary.
- I understand that as the parent/guardian, it is my responsibility to contact the school nurse of any changes to the plan.
- I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices.
- I understand the recommendation that backup medication be stored with the school/school nurse in the event a student forgets or misplaces her emergency medication(s) i.e.Epi-Pen; rescue inhaler

Please check one box:

I authorize my daughter to carry and self-administer her Epi-Pen if approved by the school nurse.

I **DO NOT** authorize my daughter to carry and self-administer her Epi-Pen.

Parent/Guardian Signature

Date

Emergency phone number(s)

Student Agreement:

- I have been trained in the use of my Epi-Pen and allergy medication and understand the signs and symptoms for which they are prescribed.
- I agree to carry my Epi Pen with me at all times.
- I will notify a responsible adult (nurse, teacher, coach, etc) **IMMEDIATELY** when Epi-pen is used.
- I will not share my medication with other students or leave my Epi-Pen unattended.

Student Signature

Date

- Back-up medication is stored at school. YES NO

TRAINED STAFF MEMBERS

Directions for Epi-Pen Use

1. Pull off blue/gray safety cap.
2. Hold orange/black tip to outer thigh. (Always use outer thigh);
3. Press firmly against outer thigh until auto-injector mechanism functions and hold in place for 10 seconds.
4. Remove Epi-pen and massage injection site for 10 seconds.
- * After Epi-Pen use, CALL 911/EMS.
6. Stay with student. Have student lie down and elevate legs as necessary.
- * Call emergency contact. Name: _____ Phone _____
- * Give allergy action plan and Epi-Pen to emergency responders.