

Emergency Action Plan for Severe Allergic Reaction or Anaphylaxis

PLACE
PICTURE
HERE

Student Name: _____ DOB: _____ Grade: _____

Allergy to: _____

Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following food(s): _____

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

If checked, given epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

- LUNG: Short of breath, wheeze, 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
- Or a combination of any symptoms from more than one system area.



1. INJECT EPINEPHRINE IMMEDIATELY

2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
3. Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing

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

MILD SYMPTOMS ONLY:

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



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. Watch closely for changes. If symptoms worsen, give EPINEPHRINE
4. Begin monitoring (see box below)

Monitoring:

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.

Medications/Doses:

Epinephrine (brand & dose): _____

Antihistamine (brand & dose): _____

Other (e.g., inhaler/bronchodilator if asthmatic): _____

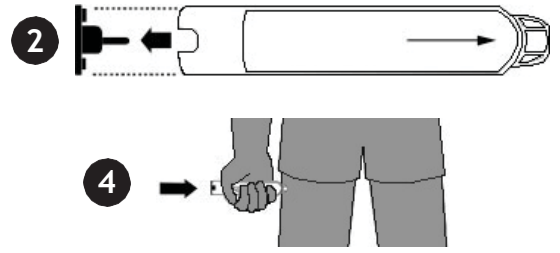
The school nurse or other trained non-healthcare personnel may administer the above medications when such treatment is necessary at school.

Physician Signature/Date

Parent Signature/Date

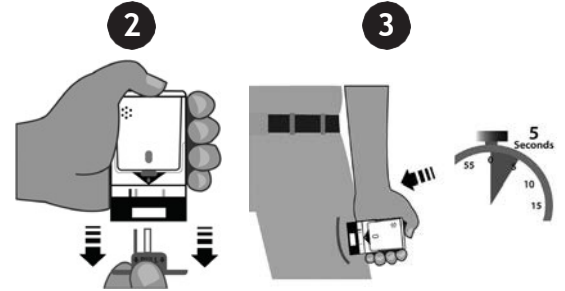
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR

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. Hold for approximately 3 seconds.
4. for approximately 3 seconds.
5. Remove and massage the area for 10 seconds.



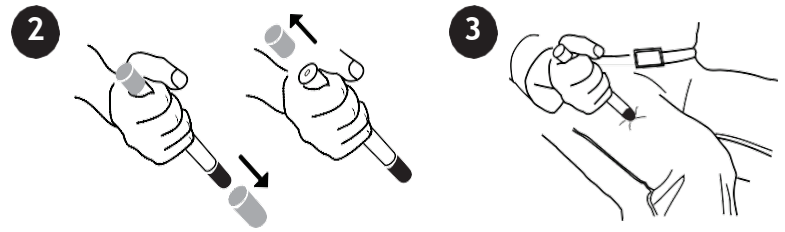
AUVI-Q™ (EPINEPHRINE INJECTION, USP)

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

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.



PHYSICIAN AUTHORIZATION FOR EPI-PEN AND/OR INHALER TO BE CARRIED ON PERSON AND SELF-ADMINISTERED

In my opinion, it is necessary for the above named student to carry and self-administer their Epi-pen and/or rescue inhaler. Student has demonstrated ability to correctly administer medication and understands dosage and frequency. A backup Epi-pen and/or inhaler must be supplied to clinic for emergencies. **Epi-Pen Inhaler**

Epinephrine

Inhaler

Physician Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

School Nurse Signature

Date