



Place
Student's
Photo
Here

SCHOOL ANAPHYLAXIS ACTION PLAN

Student's Name: _____ Date of Birth: _____ Grade: _____
 School: _____ Phone #: _____ Fax #: _____

ALLERGY TO: _____ Weight: _____

STEP 1: TREATMENT

Symptoms:	Give Checked Medication as prescribed by physician authorizing treatment	
	If a food allergen has been ingested, [or bee sting] but <i>no symptoms yet</i> : Treat:	
● Mouth	Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine
● Skin	Hives, itchy rash, swelling of the face or extremities	Epinephrine
● Gut	Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine
● Throat †	Tightening of throat, hoarseness, hacking cough	Epinephrine
● Lung †	Shortness of breath, repetitive coughing, wheezing	Epinephrine
● Heart †	Weak or thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine
● Other		Epinephrine

† Potentially life-threatening. The severity of symptoms can quickly change.

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis

PRESCRIBED DOSAGE

Epinephrine: Inject intramuscularly (**Check ONE**): **Junior Dose [0.15mg]** or **Regular Dose [0.30mg]**

SECOND DOSE: After 5-15 minutes, if emergency services have not arrived and symptoms persist, administer 2nd dose.

Antihistamine or Asthma Inhalers: Note to prescribing doctor: *A nurse is not always present to distinguish symptoms of anaphylaxis from other allergic reactions. Pediatric allergists recommend that action plans be as simple as possible. Because a nurse will not always be present, it is advised that antihistamines not be part of the action plan. Rather, auto-injectors and calling 911 for support should occur immediately.*

Other Medication: Give: _____
 medication / dose / route / indications

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed
2. Parent: _____ Phone #: _____
3. Other emergency contacts:
 - A. Name/Relation: _____ Phone #: _____
 - B. Name/Relation: _____ Phone #: _____

Physician's Name (print): _____ **Signature:** _____ **Date:** _____
Office Telephone #: _____ **Office Fax #:** _____

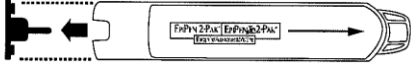
I authorize the school nurse, or other appropriately assigned school staff, to administer the medication/perform the procedure, as prescribed here in by the authorized health care provider. I will notify the school immediately and submit a new form, if there are any changes in the medication, procedure or the prescribing physician. I understand that school health staff are obliged by law to clarify issues associated with this order with the prescribing provider as necessary.
Parent/Guardian Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

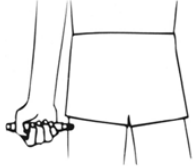


EpiPen® and EpiPen® Jr.

- First, remove the EpiPen® Auto-Injector from the plastic carrying case.
- Pull off the BLUE safety release cap.



- HOLD ORANGE up near outer thigh (always apply to thigh).



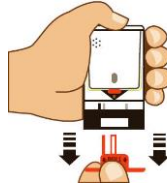
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EpiPen® Auto-Injector and massage the area for 10 more seconds.



Auvi-Q™ 0.15 mg & Auvi-Q™ 0.3 mg



Remove outer case and follow voice instructions.



Remove red safety guard



Place BLACK end against outer thigh, then press firmly and hold in place for 5 seconds. (Will work even through clothing)

After Auvi-Q is used, place the outer case back on.

Adrenalick™ 0.3 mg & Adrenalick™ 0.15 mg



- Remove GRAY caps labeled “1” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

