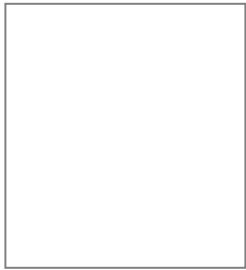


Anaphylaxis Action Plan

For those requiring emergency EPINEPHRINE treatment



Name: _____ DOB: _____

Allergy to: _____

History of Asthma: Yes (*more at risk for severe reaction*) No

May self-carry medications: Yes No May self administer medications: Yes No

Medication Doses

Epinephrine: Epinephrine Jr. 0.15 mg Epinephrine 0.3 mg

Antihistamines: Benadryl/Diphenhydramine 12.5 mg/5ml _____ tsp(s) or 25 mg _____ tab(s)

OR: _____

Other (eg. inhaler/bronchodilator if ashtmatic) _____ Albuterol/Xopenex 2 puffs or _____

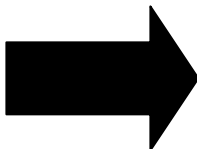
Extremely reactive to the following foods/allergens: _____
THEREFORE:
 If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give EPINEPHRINE immediately if the allergen was *definitely* eaten, even if no symptoms are noted.



Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
Lung: Short of breath, wheeze, repetitive cough
Heart: Pale, blue, faint, weak pulse, dizzy, confused
Throat: Tight, hoarse, trouble breathing/swallowing
Mouth: Obstructive swelling (tongue and/or lips)
Skin: Many hives over body

Or **combination** of symptoms from different body areas:
Skin: Hives, itchy rashes, swelling (eyes, lips)
Gut: Vomiting, crampy pain

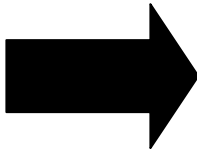


1. **INJECT EPINEPHRINE IMMEDIATELY**
*2nd dose can be given in 5 minutes or more if symptoms persist or recur
2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medications:*
• Antihistamine
• Inhaler (bronchodilator) if Asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS only:

Mouth: Itchy Mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert teacher or nearest supervisor and parent/guardian
3. If symptoms progress (see above) **USE EPINEPHRINE**
4. Begin monitoring (as specified below)

Monitoring: Stay with person. Alert teacher/nearest supervisor and parents/guardians or emergency contact

- Tell rescue squad epinephrine was given; request an ambulance with epinephrine.
- Note time when EPINEPHRINE was administered. A second dose can be given 5 minutes or more after the first if symptoms persist or recur.
- For a severe reaction, consider keeping person lying on back with legs raised.
- Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

HCP Signature _____ HCP Printed Name _____ Date _____

Parent/Guardian Consent

- Yes No I give permission for medication information to be shared with school staff on "need to know" bags.
- Yes No I give permission for my child to carry this emergency medication (applicable only if authorized above).
- Yes No I give permission for my child to carry this emergency medication (applicable only if authorized above).
- Yes No I give permission for school staff trained in the administration of medication and epinephrine to administer the above medication in accordance with the healthcare provider's instruction.

Parent/Guardian Signature _____ Parent/Guardian Printed Name _____ Date (mm/dd/yyyy) _____

This Anaphylaxis Action Plan is only for the current academic year including the summer program.

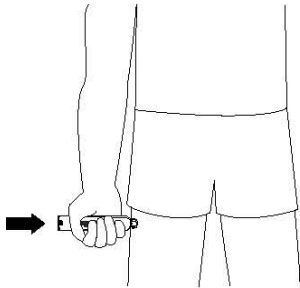
Examples Only: For all others, read instructions in/on package/injector

EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case



- Pull off the blue safety release cap
- Hold orange tip 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

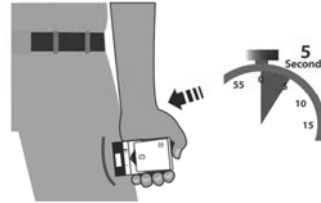
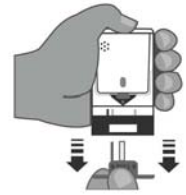


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.



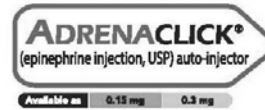
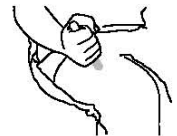
©2002-2013 sanofi-aventis U.S. LLC. All rights reserved.

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2".

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



Epinephrine, other medications noted by the Healthcare Provider, and this form must accompany the student at all times (on/off campus).

Contacts

Physician/Health Care Provider: _____ Phone: _____

Parent/Guardian A: _____ Contact Phone: _____

Parent/Guardian B: _____ Contact Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Contact Phone: _____

Name/Relationship: _____ Contact Phone: _____

This Anaphylaxis Action Plan is only for the current academic year including the summer program.