

# 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 asthmatic) \_\_\_\_\_ ☐ 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

### MILD SYMPTOMS only:

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

### 1. INJECT EPINEPHRINE IMMEDIATELY

\*2<sup>nd</sup> 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.

### 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, please check the appropriate box for consent:

- [ ] Yes [ ] No I give permission for medication information to be shared with school staff on a "need to know" basis.
- [ ] 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 self-administer 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.

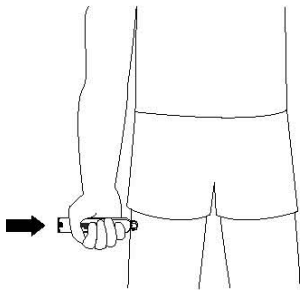
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## EpiPEN® Auto-Injector and EpiPEN Jr® Auto-Injector Directions

- 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

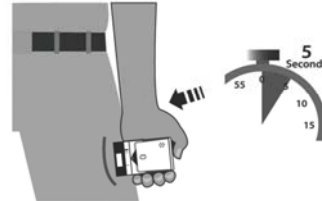
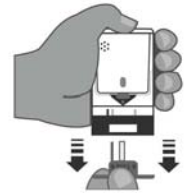


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## Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

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.

**Auvi-Q™**  
epinephrine injection, USP  
0.15 mg/0.3 mg auto-injectors

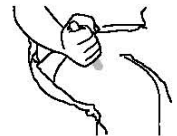
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## Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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.



**ADRENALICK®**  
(epinephrine injection, USP) auto-injector  
Available as 0.15 mg 0.3 mg

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: \_\_\_\_\_

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