

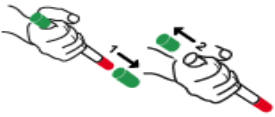



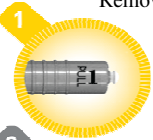




KAUFMAN ISD EPINEPHRINE AUTO INJECTOR USE

EpiPen Auto Injector Directions	Twinject @ 0.3mg and 0.15mg	Directions
<p><input type="checkbox"/> First remove the EpiPen Auto Injector from the plastic carrying case</p> <p><input type="checkbox"/> Pull of the blue safety release cap</p>  <p><input type="checkbox"/> Hold orange tip near outer thigh (always apply to thigh)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the pen the EPIPEN from the thigh and massage area for 10 sec.</p> 	 <p>Place rounded tip against outer thigh, press down hard until needle penetrates Hold for 10 seconds and remove</p> <p><u>SECOND DOSE ADMINISTRATION</u></p> <p>If symptoms don't improve after 10 mins. administer second dose.</p> <p>Unscrew rounded tip. Pull syringe from barrel by holding the blue collar at the needle base.</p> <p>Slide yellow collar off plunger</p>	<p>Remove caps labeled "1" and "2"</p>   
Adrenacllick™ 0.3mg and .15mg Directions		
<p>Remove Grey cap labeled "1"</p>  <p>Remove Grey cap labeled "2"</p>  <p>Place red rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 sec. and remove</p> 	<p>Put needle into thigh through skin, push plunger down all the way, and remove.</p>	<p>Staff Trained To Administer Epi Pen</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Monitoring

Stay with the student; alert healthcare professionals and parent. Tell rescue squad Epi was given; request ambulance with epinephrine. Note time epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur. For severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Student Name _____ Teacher _____

School Nurse _____

CALL 911/Doctor _____

Phone _____

Parent/Guardian _____

Phone _____