



# St. Andrew's School

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## ANAPHYLAXIS EMERGENCY ACTION PLAN

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

ASTHMA:  YES (high risk for severe reaction)  NO

Other health problems besides anaphylaxis: \_\_\_\_\_

Current medications, if any: \_\_\_\_\_

Wear medical identification jewelry that identifies the anaphylaxis potential and the food allergen triggers.

### SYMPTOMS OF ANAPHYLAXIS INCLUDE:

- MOUTH—itching, swelling of lips and/or tongue
- THROAT\*—itching, tightness/closure, hoarseness
- SKIN—itching, hives, redness, swelling
- GUT—vomiting, diarrhea, cramps
- LUNG\*—shortness of breath, cough, wheeze
- HEART\*—weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

\* Some symptoms can be life-threatening! **ACT FAST!**

### WHAT TO DO:

#### 1. INJECT EPINEPHRINE IN THIGH USING (check one):

- Adrenallick (0.15 mg)  EpiPen Jr (0.15 mg)  
 Adrenallick (0.30 mg)  EpiPen (0.30 mg)

\* Note: Patients should be allowed to self-carry and self-administer epinephrine; medications shown in alpha order; make sure a doctor has provided a prescription for the right medication for this patient, that it is current/not expired; and always keep this medication within reach of the patient.

Other medication/dose/route: \_\_\_\_\_

### IMPORTANT: Asthma inhalers and/or antihistamines can't be depended on in anaphylaxis!

#### 2. CALL 9-1-1 or RESCUE SQUAD (before calling contacts)!

#### 3. EMERGENCY CONTACTS

#1 home _____	work _____	cell _____
#2 home _____	work _____	cell _____
#3 home _____	work _____	cell _____

### DO NOT HESITATE TO GIVE EPINEPHRINE!

#### COMMENTS:

\_\_\_\_\_

➡ **X** \_\_\_\_\_  
DOCTOR'S SIGNATURE/DATE

➡ **X** \_\_\_\_\_  
PARENT'S SIGNATURE/DATE

† Adapted from J Allergy Clin Immunol 1998; 102:173-176 and J Allergy Clin Immunol 2006; 117:367-377.

➡ **X** \_\_\_\_\_  
STUDENT'S SIGNATURE/DATE