FORM A: ALLERGY ACTION PLAN - EMERGENCY CARE PLAN

Student Name ___________________________ D.O.B. _____ Weight _____
Doctor's Name ___________________________ Phone # __________________
Preferred Hospital ___________________________ History of Asthma 0 No 0 Yes-Higher risk for severe reaction*

ALLERGY:
Foods (list)______________________________________________
Stinging insects (list)_______________________________________
Medications (list)_________________________________________
Latex Circle one Type I (anaphylaxis) Type IV (contact dermatitis)

MEDICATIONS AND DOSAGE:
Epinephrine brand & dose. __________________________________
Antihistamine brand & dose ___________________________________
Other (e.g., inhaler-bronchodilator if asthmatic) _______________________

STEP 1: RECOGNITION AND TREATMENT

<table>
<thead>
<tr>
<th>Chart to be filled out according to provider's orders ONLY</th>
<th>Give CHECKED medication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If food ingested or contact w/ allergen occurs*</td>
<td>Epinephrine</td>
</tr>
<tr>
<td>No symptoms noted</td>
<td>Antihistamine</td>
</tr>
<tr>
<td>Call parent &amp; continue to observe for:</td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td>Itching, tingling, or swelling of lips, tongue, mouth</td>
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<tr>
<td>Skin</td>
<td>Hives, itchy rash, swelling of the face or extremities</td>
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<td>Gut+</td>
<td>Nausea, abdominal cramps, vomiting, diarrhea</td>
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<tr>
<td>Throat+</td>
<td>Tightening of throat, hoarseness, hacking cough</td>
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<tr>
<td>Lung+</td>
<td>Shortness of breath, repetitive coughing, wheezing</td>
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<tr>
<td>Heart+</td>
<td>Thready pulse, low blood pressure, fainting, pale, blueness</td>
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<tr>
<td>Neuro+</td>
<td>Disorientation, dizziness, loss of conscience</td>
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</tbody>
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| IF SYMPTOMS PROGRESS OR INVOLVE MULTIPLE AREAS, USE EPINEPHRINE |

STEP 2: Call 911 when Epinephrine is administered

STEP 3: Give additional medications as instructed here: ________________________________

*Antihistamines & inhalers/bronchodilators cannot be depended on to treat a severe reaction (anaphylaxis).

STEP 4: Monitoring
Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

* May student self-administer and keep the Auto-Injector under his/her control in a place such as backpack, purse or pockets? ___ YES ___ NO If yes, list likely location to find Auto-Injector ______________________

Back-up medication is stored at school: Yes No
**EpiPen® (epinephrine) Auto-Injector Directions**

- First, remove the EpiPen® (epinephrine) 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 EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

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**Auvi-Q™ (epinephrine injection, USP) 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.

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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.