



FORM A: ALLERGY ACTION PLAN - EMERGENCY CARE PLAN

Student Name _____ D.O.B. _____ Weight _____
 Doctor's Name _____ Phone # _____
 Preferred Hospital _____
 History of Asthma No 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

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

Parent/Guardian Signature _____

Date _____

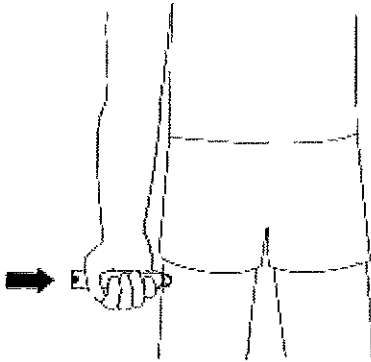
Physician/Healthcare Provider Signature _____ Date _____

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.

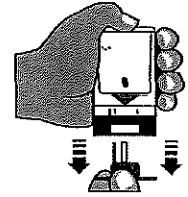
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds

EPIPEN 2-PAK® EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg

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

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

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.