



**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE  
PICTURE  
HERE**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

## FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

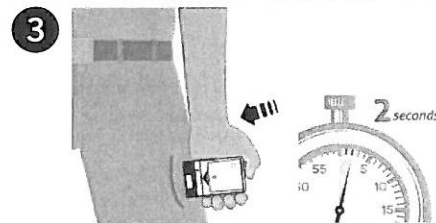


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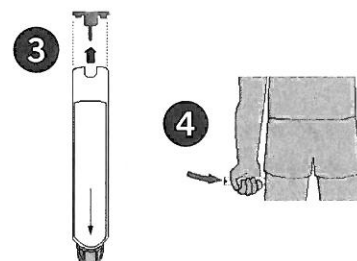
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



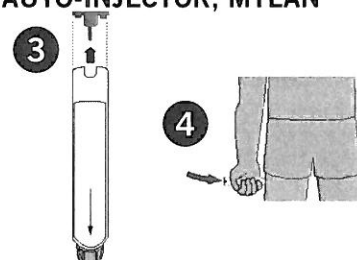
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



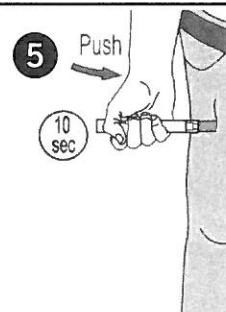
## HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_



## Permission for Student to Carry and Self-Administer Prescribed Epinephrine

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Medication(s) to self-carry: \_\_\_\_\_

**According to Missouri Law, students may be allowed to carry and self-administer prescribed medication while at school, at a school-sponsored activity and in transit to or from school or school-sponsored activity when they meet the following requirements:**

- A physician prescribed the medication for use by the student and instructed the student in the correct and responsible usage of the medication.
- The student has demonstrated to the student's licensed physician or the licensed physician's designee, and the school nurse the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.
- The student's physician has approved and signed a written treatment plan for managing the student's chronic health condition, including asthma or anaphylaxis episodes and for medication for use by the student. Such plan shall include a statement that the student is capable of self-administering the medication under the treatment plan. The plan may be effective only for the same school year it is granted and must be renewed each year.
- The student's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan and a liability statement acknowledging the school district and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

### **PHYSICIAN STATEMENT FOR STUDENT TO SELF-ADMINISTER EPINEPHRINE:**

I certify that the above named student has a medical history of potentially life-threatening allergies, has been instructed in the proper self-administration of the medications(s) listed above and is judged to be capable of carrying and self-administering the medication(s). The student has been instructed to notify or have someone notify the school nurse if any signs or symptoms of an allergic reaction occur. This student understands the hazards of sharing medications with others and has agreed to refrain from the practice. I have provided a Food Allergy Action Plan for the student to follow and provide a copy to the school.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT/GUARDIAN STATEMENT FOR STUDENT TO SELF-ADMINISTER MEDICATION:**

I, the parent/guardian of the above named student, give permission for this student to carry and self-administer the above listed medication(s). I have reinforced that my student should notify the school nurse if any sign or symptoms of an allergic reaction occur. I acknowledge that the school district and its employees shall incur no liability as a result of any injury arising from the self-administration of the medication by my student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Responsibilities for carrying Inhalers:** (to be checked by the School Nurse)

- ☐ Yes ☐ No Student is able to identify signs and symptoms of an allergic response & need for epinephrine administration
- ☐ Yes ☐ No Student agrees to come directly to Health Room following an allergic response
- ☐ Yes ☐ No Student demonstrates proper self-administration technique to ensure good delivery of epinephrine
- ☐ Yes ☐ No Student has another epinephrine auto-injector in Health Room for back up (recommended, not required)
- ☐ Yes ☐ No Student knows that medication carried must have prescription label attached, to identify medication's owner

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_