Southwest Licking Local School District

Allergy and Anaphylaxis Action Plan and Orders

Student Name:		**Birthdate:**	
School:		**Grade:**	
Student Address:		**Phone:**	

Allergy to: _____

Weight: _____ lbs Asthma: ___ Yes (higher risk for a severe reaction) ___ No

Extremely reactive to the following: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- ☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911**. Tell them the child is having anaphylaxis and may need epinephrine when they 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 are vomiting, let them sit up or lie on 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

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: _____

Epinephrine Dose: ___ 0.15 mg IM ___ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Adverse reaction to be report to prescriber:

_____

Adverse reactions that may occur to another child for whom epinephrine is not prescribed, should such a child receive a dose of the medication:

_____

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

_____

Start Date: _____ End Date: _____

X_____
Parent / Guardian Authorization Signature, Date

X_____
Physician/HCP Authorization Signature, Date

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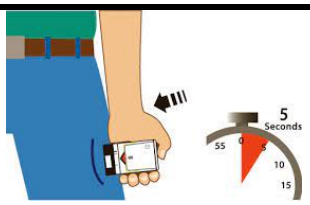
Allergy and Anaphylaxis Action Plan and Orders (cont.)

Student's Name: _____

AUVI-Q® (EPHINEPHRINE INJECTION, USP), KALEO

1. Remove AUVI-Q® from the outer case.
2. Pull the red safety guard.
3. Place black end of AUVI-Q® against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.

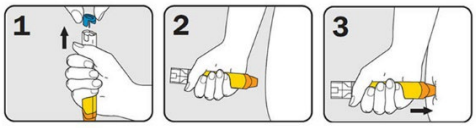
Call 911 and get emergency medical help right away.



EPIPEN®, EPIPEN JR®, AUTHORIZED GENERIC of EPIPEN®, or USP AUTO-INJECTOR, MYLAN DIRECTIONS

1. Remove the EpiPen®, EpiPen Jr®, authorized generic of EpiPen®, USP auto-injector, Mylan 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 other thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1,2,3).
6. Remove and massage the area for 10 seconds.

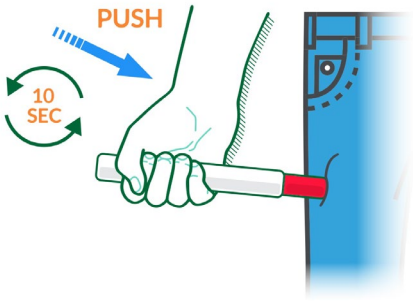
Call 911 and get emergency medical help right away.



IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®, USP AUTO-INJECTOR, IMPAX LABORATORIES DIRECTIONS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: your 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 got approximately 10 seconds.
6. Remove and massage the area for 10 seconds.

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.

Call 911 immediately after injection.

OTHER DIRECTIONS / INFORMATION

SELF-CARRY AUTHORIZATION

- ☐ Physician acknowledgement of training in the proper use of auto-injector.
- ☐ Self-carry (student is capable of possession and proper use of auto-injector)

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

EMERGENCY CONTACTS – CALL 911	**OTHER EMERGENCY CONTACTS**
Rescue Squad: _____	Name/Relationship: _____
Doctor: _____ Phone: _____	Phone: _____
Parent / Guardian: _____ Phone: _____	Name/Relationship: _____
	Phone: _____

X_____ X_____

Parent / Guardian Authorization Signature, Date | Physician/HCP Authorization Signature, Date

II. Parent / Guardian's Section

I hereby request and give my permission for school district personnel to administer this prescribed medication to my child in accordance with the specific written orders from our medical provider. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of this medication to the school clinic and will notify the school immediately if we change our medical provider or the need for this medication is discontinued.

I agree to submit a revised Request for Administration of Prescription and Nonprescription Medication by School Personnel Form if any changes are made regarding the above medication.

A new Allergy and Anaphylaxis Action Plan and Orders form must be submitted each school year.

I understand this medication can only be administered to my child by a school nurse or myself until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff are authorized to perform this task.

If this medication is required for extracurricular activities, I agree to provide a separate dose to school staff supervising my child's extracurricular activities.

I consent to communication between the prescribing health care provider or clinic, the school nurse, and school-based health clinic providers as necessary for medical management.

Any medication remaining after 5 days from the last day of school for students will be discarded.

Parent / Guardian Signature:		**Date:**	
Home Address:		**Phone:**	