ST. MARY'S COUNTY PUBLIC SCHOOLS Department of Student Services ALLERGY and ANAPHYLAXIS EMERGENCY ACTION PLAN

Student Name:				DOB: Date Initiated:				
Teacher: Grade:			:	Weight:				
Allergic to:								
Anaphylaxis History: Yes No Asthma History: Yes (higher risk for anaphylaxis) No								
If checked, give epinephrine immediately for ANY symptoms if exposure to the allergen was LIKELY.								
If checked, give epinephrine immediately, even if NO symptoms are present, if exposure to the allergen was DEFINITE.								
BUS INFORMATION								
Bus # to school: Bus # from school: Additional Bus #'s:								
Emergenc	y actions while the student	is on the bus:						
Follow the emergency action plan below. Other:								
IMPORTANT: IF THE STUDENT DOES NOT HAVE EMERGENCY EPINEPHRINE, ADMINISTER SMCPS STOCK EPINEPHRINE.								
S	EVERE SYMPTOMS for	r any one of the follow	ng symptoms	: ADMINISTER EPINE	PHRINE IMMEDIATELY			
	Coughing,	Loss of		Tightness,	(
(丙)	Shortness of	consciousnes		hoarseness, or	Significant swelling of			
\bigcirc	breath, wheezing, difficulty breathing; noisy	HEART Pale or bluish faintness, wea		change in quality of voice, trouble	the tongue or lips, back of the mouth/throat.			
LUNG	breathing; "air hunger" or		ak or THROAT	breathing or	MOUTH of the mouth/throat.			
	gasping for air	dizziness		swallowing				
(Feeling something	OR A COMBINATION			
(₩)	Hives over the body, widespread redness	Repetitive vor severe diarrhe		bad is about to	of 2 symptoms			
\mathbf{U}	widespread reditess			happen, anxiety, and	from different			
SKIN		GUT		confusion	body systems			
 *** ADMINISTER EPINEPHRINE IMMEDIATELY Do not depend on antihistamines or inhalers to treat a severe reaction. Call 911. Tell the emergency dispatcher the student is having anaphylaxis and epinephrine has been administered. 								
			g anaphylaxis an	d epinephrine has been a	administered.			
	the school nurse, if availabl		o or inholor) foll	owing oninonhring on or	lorod			
	ler giving additional ordered e student flat, raise legs, an							
					minutes after the initial dose.			
	parent/guardian or emerge			prime can be given 5-10	minutes after the mital dose.			
	ith student until EMS arrive							
		MIL	D SYMPTON	IS				
		\bigcirc		\ \				
	Itchy or runny nose, sneezing	Itchy mouth		A few hives, mild ito	h Mild nausea or discomfort			
NOSE	-	MOUTH	SKIN		GUT			
	PTOMS FROM MORE TH				A, GIVE EPINEPHRINE.			
	PTOMS FROM A SINGLE		IN THE MILD SY	(MPTOMS, FOLLOW:				
	otify the school nurse, if av		Order (PS109)	form is on file for student				
 Give antihistamine if a current Prescriber Authorization- Order (PS109) form is on file for student. Stay with the student and alert the parent, guardian, or emergency contact. 								
STUDENT'S ORDERED EMERGENCY MEDICATIONS FOR SCHOOL								
Epinephrine: Yes No (If no and student needs epinephrine, administer SMCPS stock epinephrine)								
Antihistamine: Ves No Antihistamine Brand:								
Other (e.g., inhaler-bronchodilator if wheezing):								
	of Emergency Medication:	• · · · ·		Self-Carry: Yes N	10			
CONTACT INFORMATION Parent/Guardian #1: Parent/Guardian #2:								
				Home Phone:				
Home Phone:								
Cell Phone:				Cell Phone:				
Work Phone:				Work Phone:				
Emergency Contact: Phone:								
Physician'	s Name/Signature:			Physician's Phone #:				
Parent/Guardian Signature:				Date:				
School Nurse Signature:				Date:				

ST. MARY'S COUNTY PUBLIC SCHOOLS Department of Student Services

ALLERGY and ANAPHYLAXIS EMERGENCY ACTION PLAN

Student Name:

DOB: See the checked reference for administration instructions on the student's specific epinephrine brand ordered.

- HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO
 - Remove Auvi-Q from the outer case. Pull off red safety quard.
 - Place black end of Auvi-Q against the middle of the outer thigh. •
 - Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds. .
 - Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®). USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

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

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS



- Remove epinephrine auto-injector from its protective carrying case.
- Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
- Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.
- Note: The needle on this injection does not automatically retract after injection and therefore, needs to be recapped after use. Carefully cover the needle with the carrying case using the One-Handed Needle Recapping Method.
 - Place the cap on a flat surface like the table or counter with something firm to "push" the needle cap against. 0
 - Holding the syringe with the needle attached in one hand, slip the needle into the cap without using the other hand. Ó
 - Push the capped needle against a firm object to "seat" the cap onto the needle firmly using only one hand. (FDA.gov) 0

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

- Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
- Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

- Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
- Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
- Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
- Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.
- If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- 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.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.





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Student Name: D.O.B

Emergency Action Plan (EAP) was reviewed by the following staff, and applicable training was provided. Training included:						
Date	Name	Job Title/Position	School Nurse Signature			