

Place Student's  
Picture  
Here

ANAPHYLAXIS (ALLERGY) CARE PLAN / CLASSROOM PLAN

Name: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Asthma:  Yes (higher risk for severe reaction)  No

Other health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications, if any: \_\_\_\_\_

Medications for Anaphylaxis

Antihistamine: give (Medication / Dose / Route): \_\_\_\_\_

Other: give (Medication / Dose / Route): \_\_\_\_\_

Epinephrine: inject intramuscularly in outer thigh (circle one) EpiPen® / Twinject® / Auvi-Q® 0.3 mg;

EpiPen® Jr. / Twinject® / Auvi-Q® 0.15mg

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

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

**THROAT\*** itching, tightness/closure, hoarseness

**MOUTH** itching, swelling of lips and/or tongue

**LUNG\*** shortness of breath, cough, wheeze

**SKIN** itching, hives, redness, swelling

**HEART\*** weak pulse, dizziness, passing out

**GUT** vomiting, diarrhea, cramps

*Only a few symptoms may be present. Severity of symptoms can change quickly.*

*\*Some symptoms can be life-threatening! ACT FAST!*

WHAT TO DO:

1. IF STUDENT IS ALERT WITH NO BREATHING PROBLEMS, immediately send student to the nurse, accompanied by another student or staff member.

IF STUDENT IS HAVING ANY DIFFICULTY BREATHING, OR IS NOT ALERT, call nurse to classroom immediately with epi pen.

2. INJECT EPINEPHRINE IN THIGH THROUGH CLOTHING (See Physician Medication Order Above)

IMPORTANT! ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS!

3. CALL 911 (BEFORE CALLING CONTACT)!

3. EMERGENCY CONTACTS

#1: Name: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

#2 Name: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

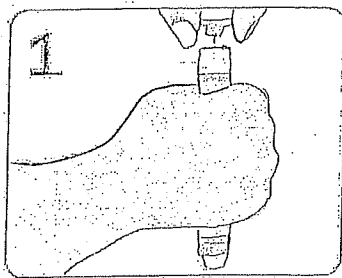
#3 Name: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

I understand that trained NON-MEDICAL personnel may administer this medication to my child.

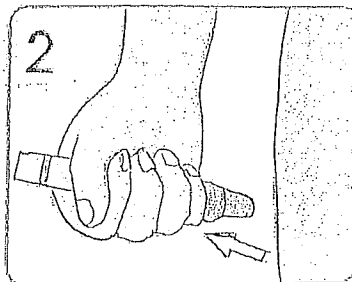
\_\_\_\_\_  
Parent's Signature/Date

\_\_\_\_\_  
RN's Signature/Date

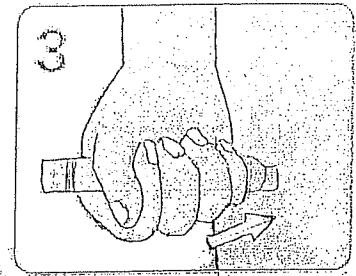
AUTO-INJECTION TECHNIQUE FOR EPI-PEN:



Form fist around EpiPen © and PULL OFF BLUE SAFETY RELEASE

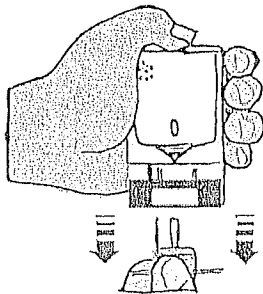


PLACE ORANGE END against outer mid thigh (with or without clothing)

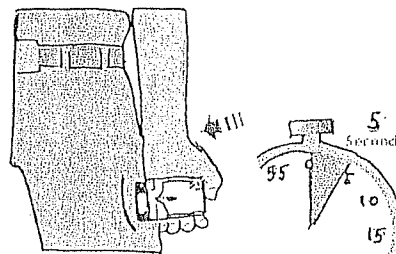


PUSH DOWN HARD until a click is Heard or felt and hold in place for 10 seconds.

AUTO-INJECTION TECHNIQUE FOR AUVI-Q



Pull off RED safety guard



Place BLACK end against outer thigh, then press firmly and hold for 5 seconds.

To Be Completed by the School Nurse

5. TRAINED STAFF MEMBERS

#1: Name: \_\_\_\_\_ Room: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Room: \_\_\_\_\_

#3: Name: \_\_\_\_\_ Room: \_\_\_\_\_