

ANAPHYLAXIS ACTION PLAN Please be mindful that this form expires after one year.			
Patient Name (Last, First, Middle)		Date of Birth	Expiration Date of Action Plan
Patient Weight:		History of Asthma: Y/N	Grade
Patient's known severe allergies:			
☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten/inhaled/touched, for ANY symptoms.		☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten/inhaled/touched, even if no symptoms are apparent.	
Medication: ☐ Epi Pen Jr. (0.25mg) ☐ Epi Pen (0.3 mg) ☐ Other: _____		Injection area: ☐ Thigh ☐ Other: _____	
TO PREVENT ANAPHYLAXIS, ADMINISTER ONE INJECTION THEN CALL 911 *Symptoms generally subside immediately after the first dose. If symptoms do not subside after 4-6 minutes, or if symptoms subside and then return, administer a second dose*			
Health Care Provider		Provider's Phone Number	
Parent/Guardian Name		Parent/Guardian Phone Number	
Emergency Contacts	Home Number	Work Number	Cellular Number
1.			
2.			
3.			

WATCH FOR THE FOLLOWING:			
 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
Follow these 4 simple steps to give the EpiPen® auto-injector from the carrier tube:			
 Step 1. Remove from carrier tube.	As a Parent/Guardian: 1. Administer EpiPen® or EpiPen® Jr. through the clothing if necessary, call 911, stay with the child and observe whether symptoms subside. 2. If symptoms do not subside in 4-6 minutes or if they subside and return administer a second epipen. 3. Call 911 4. Call emergency contacts listed above 5. Give the student's used auto-injector(s) to emergency responders upon their arrival.		
 Step 2. Remove blue safety cap by pulling straight up.	As a School Staff: 1. Administer EpiPen® or EpiPen® Jr. through clothes, if necessary. 2. Stay with child and watch for changes 3. Call 911 4. Call emergency contacts listed above		
 Step 3. Swing auto-injector into the thigh so orange tip meets the thigh and a loud click is heard.			
 Step 4. Hold auto-injector firmly in place for 10 seconds. Remove the auto-injector and massage the injection			
Only a few signs and symptoms may be present. Severity can change quickly. Some symptoms can be life threatening. Some signs and symptoms include: • Trouble breathing, wheezing • Hoarse voice, difficulty talking • Hives/rash on skin with redness and itching • Swelling of face, lips, mouth, tongue • Dizziness, fainting, unconsciousness • Stomach pain, vomiting, diarrhea • Fast heartbeat			
Additional Points to Follow: • Contact Health Suite Personnel with updated information about known allergies in the event new allergies are discovered • Administer additional medications following epinephrine: such as an antihistamine, 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 • Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return • Immediately contact primary care provider for next steps • Replace used Epi-Pens and submit applicable school forms (i.e., medication and treatment forms etc.)			

ANAPHYLAXIS ACTION PLAN

Points to consider to primary care provider:

- Administer additional medications following epinephrine: such as an antihistamine if wheezing.
- Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- Ensure emergency responders transport student to emergency room, even if symptoms resolve. Student should remain in ER for at least 4 hours because symptoms may return.
- If undersigned epinephrine auto-injector was administered, follow protocols to contact the Office of State Superintendent of education for re-placement.
- Contact Health suite personnel with updated information about allergies, should require submission of a NEW action plan by provider- DC Health

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER:

Healthcare Providers Initials

- ☐ _____ This student was trained and is capable of self-administering with the epinephrine auto-injector.
Where is the Epi-Pen located? _____ (self-carry student, in nurse suite or _____ other)
- ☐ _____ This student is allowed to administer the epinephrine auto-injector.
- ☐ _____ This student is not approved to self-medicate.

Health Care Provider's signature

Date

- ☐ As the Parent/Guardian, I hereby authorize a trained school employee to administer medication to the student.
- ☐ As the Parent/Guardian, I hereby authorize this student to possess and self-administer medication.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct

Parent/Guardian's signature

Date