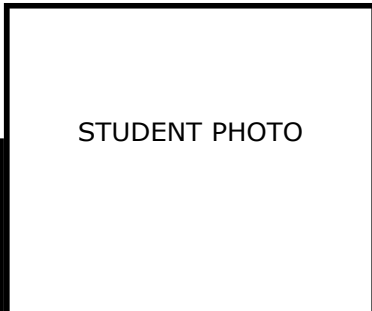


**Washington International School**

3100 Macomb Street NW • Washington, DC 20008  
 MS/US Nurse 202.495.7301 • PS Nurse 202.243.1709

**Anaphylaxis Action Plan**

Name \_\_\_\_\_



**ALLERGENS TO AVOID**  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASTHMA**  
 YES  
 NO

**Mild to Moderate Allergic Reaction**

**1. Stay Calm 2. Stay with Student & Call for Help 3. Locate EpiPen®**

**SYMPTOMS**

- SWELLING OF LIPS, FACE OR EYES
- HIVES OR WELTS
- ABDOMINAL PAIN,
- VOMITING, TINGLING IN MOUTH

Give Antihistamine \_\_\_\_\_  
 Give EpiPen®       Give EpiPen Jr.  
 Give Twinject 0.3 mg       Give Twinject 0.15mg

**⬇ Watch for any one of the following symptoms of Anaphylaxis**

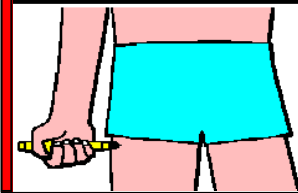
**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

**1. Stay Calm 2. Give Epinephrine 3. CALL "911"**

**SYMPTOMS**

- DIFFICUL/NOISY BREATHING
- SWELLING OF TONGUE
- WHEEZING OR PERSISTENT COUGH
- DIFFICULTY SPEAKING OR HOARSE VOICE
- LOSS OF CONSCIOUSNESS
- PALE/FLOPPY (young children)

**EpiPen® or Twinject administered immediately. Repeat every \_\_\_\_ minutes until the ambulance arrives.**  
 Additional instructions include:  
 \_\_\_\_\_  
 \_\_\_\_\_



- Stay with child and have someone call 911
- Locate EpiPen® or Twinject and assist or administer
- Form fist around EpiPen® or Twinject and pull off cap
- Place black end against outer mid-thigh
- Push down HARD until CLICK is heard. Hold for **10 seconds**
- Contact responsible person/emergency contacts listed

**SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH AS REQUIRED BY DC LAW A17-107, STUDENT ACCESS TO TREATMENT ACT OF 2007**

**Healthcare Provider Initials:**  
 \_\_\_\_\_ This student is capable and approved to self-administer an auto injector epinephrine pen.  
 \_\_\_\_\_ This student is **not** approved to self-medicate.

**Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Provider Address \_\_\_\_\_ Phone \_\_\_\_\_

**As the Responsible Person:**  
 \_\_\_\_\_ I hereby authorize a trained school employee to administer medication to the student.  
 \_\_\_\_\_ I hereby authorize the student to possess and self-administer auto injectable epinephrine.  
 \_\_\_\_\_ I understand that this student is **not** authorized to self-administer injectable epinephrine.

I agree that the school and its employees shall incur no liability and shall be held harmless against any claims that may arise relating to the administration, supervision, training, or self-administration of medication.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_