



# Life-Threatening Allergy Action Plan

## Emergency Action Plan

Place  
Student's  
Picture  
Here

Student's Name \_\_\_\_\_

Date of birth: mm / dd / yyyy \_\_\_\_\_

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

Does your student use district transportation?  Yes  No

\_\_\_\_\_ lbs.

Weight \_\_\_\_\_

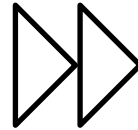
Does your student have asthma?  Yes (higher risk for a severe reaction)  No

Extremely reactive to the following foods: \_\_\_\_\_

### Therefore:

- If checked, follow flow sheet below as written.
- If checked, give epinephrine immediately for **any** symptoms if the allergy was **likely** eaten.
- If checked, give epinephrine immediately if the allergen was **definitely** eaten, even if no symptoms are noted.

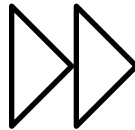
Any **SEVERE SYMPTOMS** after suspected or known ingestion:  
**One or more** of the following:  
 LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 SKIN: Many hives over body  
 Or **combination** of symptoms from different body areas:  
 SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)  
 GUT: Vomiting, diarrhea, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitor (*see "Monitoring" below*)
4. Give additional medications \*  
     Antihistamine  
     Inhaler (bronchodilator) if asthma

\* Antihistamines and inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE!**

**MILD SYMPTOMS** only:  
 MOUTH: Itchy mouth  
 SKIN: A few hives around mouth/face, mild itch  
 GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert health care professionals and parent
3. If symptoms progress (*see box above*), **USE EPINEPHRINE**
4. Begin monitor (*see "Monitoring" below*)

### Medication/Doses:

Epinephrine (*brand and dose*): \_\_\_\_\_

Antihistamine (*brand and dose*): \_\_\_\_\_

Other (*e.g.: inhaler/bronchodilator if asthmatic*): \_\_\_\_\_

**Monitoring: Stay with student; alert health care professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

*See back/attached for auto-injection technique.*



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_


Date \_\_\_\_\_


**Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions**

- Get my  or my  (circle one) Auvi-Q from \_\_\_\_\_ (indicate where Auvi-Q is stored)

**0.3 mg**  
for patients  
over 66 lb

**0.15 mg**  
for patients  
33 lb–66 lb
- Remove outer case and follow the voice instructions; Auvi-Q works over clothing.

 Pull off **RED** safety guard.

 Press **BLACK** end firmly against outer thigh for **5 seconds**.
- Call 911 or seek emergency medical attention.

A life-threatening allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Life-Threatening Allergy Action Plan.

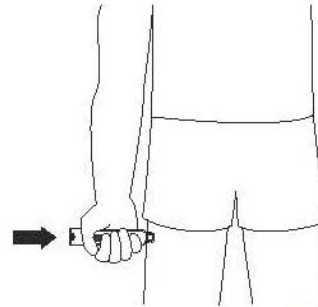
A kit must accompany the student if he/she is off school grounds (i.e. field trip).

**Epi-Pen™ & Epi-Pen Jr.™ Auto-Injector Directions**

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the **blue** safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, LP.

**Contacts** — please give area codes and extension, if applicable, with all phone numbers:

**Call 911**

Rescue squad: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_