



**Severe Allergic Reaction or Anaphylaxis
Emergency Action Plan**

Student Name: _____ DOB: _____ Grade: _____

Allergy to: _____ Reaction: _____

Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following (food, insect, etc.): _____

If checked, give epinephrine immediately for ANY symptoms if the allergen 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:

- Lung: Short of breath, wheeze, repetitive cough
- Heart: Pale, blue, faint, weak pulse, dizzy
- Throat: Tight, hoarse, trouble breathing/swallowing
- Mouth: Significant swelling of the tongue and/or lips
- Skin: Many hives over body, widespread redness
- Gut: Repetitive vomiting, severe diarrhea
- Other: Feeling something bad is about to happen, anxiety, confusion
- Or a combination of any symptoms from more than one system area.



INJECT EPINEPHRINE IMMEDIATELY.

Call 911

- Consider giving additional medication following epinephrine
 - Antihistamine
 - Inhaler (bronchodilator) 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.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given 5 minutes or more after the last dose.
- Alert emergency contacts.

Any MILD symptoms after suspected or known ingestion:

- **Mouth:** Itchy mouth
- **Skin:** A few hives, mild itch
- **Gut:** Mild nausea/discomfort
- **Nose:** Itchy/runny nose, sneezing



(If more than one symptom is present, give EPINEPHRINE)

If only ONE symptom is present:

- Give antihistamine
- Contact parent/guardian.
- Watch closely for changes.
- (If symptoms worsen, give epinephrine and monitor per epinephrine injection instructions on left.

MEDICATION AUTHORIZATION
(To be filled out AND signed by physician)

Epinephrine Brand/Generic:

Dose: (circle one) 0.15 mg IM 0.3 mg IM

Antihistamine Brand/Generic: _____

Dose: _____ *Route:* _____

Other (eg. Inhaler/bronchodilator):



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EMERGENCY CONTACTS

Parent/Guardian: _____ Daytime Phone: _____
Parent/Guardian: _____ Daytime Phone: _____
Physician: _____ Phone: _____

Physician Authorization to Self Administer Epinephrine and/or Inhaler

In my opinion, it is necessary for the above named student to carry and self-administer their epinephrine and/or inhaler.

Epinephrine

Inhaler

Student has demonstrated the ability to correctly administer the medication and understands the dosage and frequency.
A backup epinephrine pen and/or inhaler is to be supplied to the nurses office for emergencies.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

EPIPEN (EPINEPHRINE) AUTO-INJECTOR:

1. Remove the EpiPen Auto-Injector from the plastic carrying case
2. Pull off the blue safety release cap
3. Swing and firmly push orange tip against mid-outer thigh
4. Hold for approximately 10 seconds
5. Remove and massage the area for 10 seconds

AUVI-Q (EPINEPHRINE INJECTION, USP):

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions
2. Pull off red safety guard
3. Place black end against mid-outer thigh
4. Press firmly and hold for 5 seconds
5. Remove from thigh

ADRENACLICK/ADRENACLICK GENERIC:

1. Remove the outer case
2. Remove gray caps labeled "1" and "2"
3. Place red rounded tip against mid-outer thigh
4. Press down hard until needle penetrates
5. Hold for 10 seconds. Remove from thigh

School Nurse Signature

Date

*Parent/guardian signature indicates permission granted for designated school personnel to administer above medication to student as prescribed by student's physician and per GISD medication procedures.

*Treat students before calling Emergency Contacts.
The first sign of a reaction can be mild, but symptoms can progress quickly.