

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue 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 symptoms from different body areas.

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications 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 about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

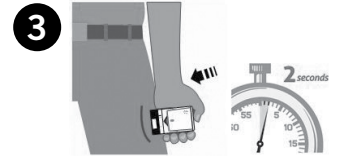
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

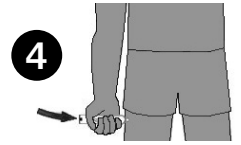
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



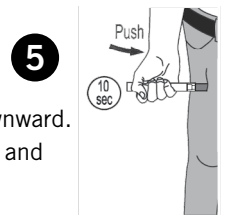
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

PHYSICIAN/APN ORDERS REGARDING EMERGENCY EPINEPHRINE ADMINISTRATION

Student Name: _____

Date: _____

School: _____

Grade: _____

Student's Physician's or Advanced Practice Nurse Name and Address:

I, _____, am the physician/advanced practice nurse for student _____.

This student has a potentially life-threatening illness and/or is subject to a life-threatening allergic reaction, and may require the emergency administration of epinephrine, for anaphylaxis, by the school nurse or a designee.

Name of Medication: _____

Purpose of the Medication: _____

Timing and Dosage Information for Medication: _____

Any Possible Side Effects of the Medication: _____

Date when Physician's Written Orders Will be Discontinued for Use of This Medication, if Necessary:

This student is physically fit to attend school and is free of contagious disease. This student would not be able to attend school if the medication was not administered during school hours, field trips, and school-sponsored extracurricular activities.

Please check whether the following statements apply:

_____ This student is capable of self-administration of this medication.

_____ This student has been instructed in the proper method of self-administration of this medication.

Physician/APN Signature

Date

EPINEPHRINE EMERGENCY ADMINISTRATION RELEASE FORM

Student Name: _____

Date: _____

1. Administration of Epinephrine by School Nurse or Designee

I verify that my child _____ has a potentially life-threatening illness and/or is subject to a life-threatening allergic reaction. My child may require the emergency administration of medication by the school nurse or a designee. Written orders from my child's physician or advanced practice nurse require that my child may need to be administered epinephrine for anaphylaxis via a pre-filled auto-injector mechanism during school hours, field trips, and school-sponsored extracurricular activities. I consent to the school nurse or designee administering epinephrine for anaphylaxis via a pre-filled auto-injector mechanism to my child if necessary.

I understand and acknowledge that the Dover Public School District and its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to my child. I hereby indemnify and hold harmless the Dover Public Schools District and its employees and agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to my child.

Permission for a school nurse or designee to administer epinephrine via a pre-filled auto-injector mechanism is only effective for this school year. I acknowledge that my child will be transported to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if my child's symptoms appear to have resolved. I consent to the release of my child's medical information that my child suffers from a potentially life-threatening illness and/or is subject to a life-threatening allergic reaction that may require the administration of epinephrine for anaphylaxis via a pre-filled auto-injector mechanism on a need-to-know basis to individuals and through Genesis.

Signature of Parent/Guardian

Date

2. Administration of Epinephrine by Student

I verify that my child _____ has a potentially life-threatening illness and/or is subject to a life-threatening allergic reaction. My child may require emergency self-administration of medication. Written orders from my child's physician or advanced practice nurse require that my child may need to self-administer epinephrine for anaphylaxis via a pre-filled auto-injector mechanism during school hours, field trips, and school-sponsored extracurricular activities. I acknowledge that my child has been adequately trained in self-administering epinephrine for anaphylaxis via a pre-filled auto-injector mechanism. I consent to my child self-administering epinephrine for anaphylaxis via a pre-filled auto-injector mechanism during school hours, field trips, and school-sponsored extracurricular activities. My child is permitted to carry epinephrine via a pre-filled auto-injector mechanism, during school hours, field trips, and school-sponsored extracurricular activities.

I acknowledge and agree that the school nurse or designee may administer epinephrine for anaphylaxis via a pre-filled auto-injector mechanism to my child even though my child can self-administer the medication.

I understand and acknowledge that the Dover Public School District and its employees and agents shall have no liability as a result of any injury arising from self-administration of epinephrine via a pre-filled auto-injector mechanism. I hereby indemnify and hold harmless the Dover Public School District and its employees and agents against any claims arising out of the self-administration of epinephrine via a pre-filled auto-injector mechanism.

Permission for my child to self-administer epinephrine via a pre-filled auto-injector mechanism is only effective for this school year. I acknowledge that my child will be transported to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if my child's symptoms appear to have resolved. I consent to the release of my child's medical information that my child suffers from a potentially life-threatening illness and/or is subject to a life-threatening allergic reaction that may require self-administration of epinephrine for anaphylaxis via a pre-filled auto-injector mechanism on a need-to-know basis to individuals and through Genesis.

Signature of Parent/Guardian

Date