



DISTRICT 34 ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Place Student's Picture Here

NAME: _____ D.O.B. ____/____/____

TEAM/TEACHER: _____ GRADE: _____

ALLERGY TO: _____

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

Weight _____ lbs.

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)
 STOMACH: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. CALL 911
3. Begin Monitoring
4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines and inhalers cannot be depended upon to treat a severe reaction (anaphylaxis) → give Epinephrine first then give antihistamine or inhaler if student able
 **When in doubt, use epinephrine.
 Symptoms can rapidly become more severe!

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 healthcare professionals and parent
3. If symptoms progress (see above), INJECT EPINEPHRINE

If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

Medications/Doses
 Epinephrine (brand and dose): _____
 Antihistamine (brand and dose): _____
 Other (e.g., inhaler - bronchodilator if asthmatic): _____

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. Request an ambulance with epinephrine. 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 students even if parents cannot be reached.

Student may self-carry epinephrine Student may self-administer epinephrine

CONTACTS: Rescue squad Call 911

Parent/Guardian: _____ Phone: (____) _____

Name/Relationship: _____ Phone: (____) _____

Name/Relationship: _____ Phone: (____) _____

Licensed Healthcare Provider Signature _____ (Required) Phone _____ Date _____

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature _____ Date _____

TRAINED STAFF MEMBERS

Name: _____

Room: _____

Name: _____

Room: _____

Name: _____

Room: _____

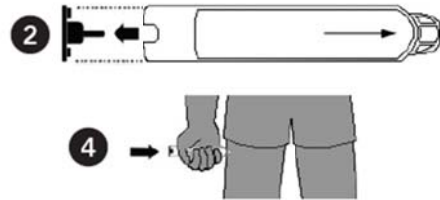
LOCATION OF MEDICATION

- Health Office/Designated Area for Medication
- Student carries EpiPen on person/backpack
- Other: _____

Instructions:

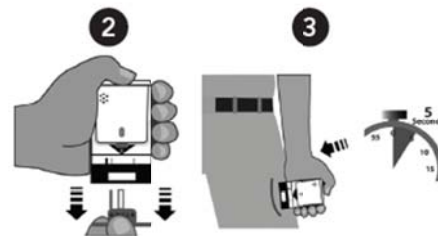
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



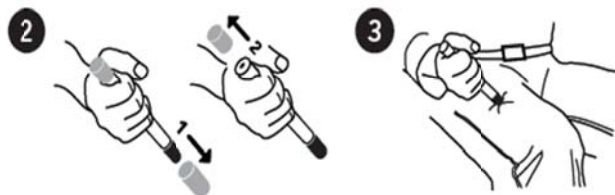
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

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 DIRECTIONS

1. Remove the outer case.
2. Remove grey 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.



Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.

