

Anaphylaxis Action Plan

For those requiring emergency EPINEPHRINE treatment
"Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death."
(National Institute of Allergy & Infectious Disease, 2010)

Photo

Name: _____ DOB: _____

ALLERGIC to: _____

History of Asthma: ☐ Yes (*more at risk for severe reaction*) ☐ No

May self-carry medications: ☐ Yes ☐ No

May self administer medications: ☐ Yes ☐ No

Medication Doses

EPINEPHRINE Dose:

Up to 55 lbs. (25 kg)

- ☐ EpiPen Jr. (0.15 mg)
- ☐ Adrenaclick (0.15 mg)
- ☐ Auvi-Q (0.15 mg)

Over 55 lbs. (25 kg)

- ☐ EpiPen (0.3 mg)
- ☐ Adrenaclick (0.3 mg)
- ☐ Auvi-Q (0.3 mg)

*Antihistamine Type + Dose:

- ☐ Benadryl (also known as Diphenhydramine)
- ☐ 12.5 mg (1 teaspoon or 1 chewable)
- ☐ 25 mg (2 teaspoons or 2 chewables)
- ☐ 50 mg (4 teaspoons or 4 chewables)
- ☐ Other antihistamine: _____

Extremely reactive to the following foods: _____
THEREFORE:

- ☐ 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:

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 (eyes, lips)
- Gut: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat 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 healthcare professionals and parent/guardian
3. If symptoms progress (see above) USE EPINEPHRINE
4. Begin monitoring (as specified below)

For unique situations: _____

Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

Stay with person; alert healthcare professionals and parent/guardian. Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

Provider Signature: _____ Phone: _____ Date: _____

Printed Name: _____

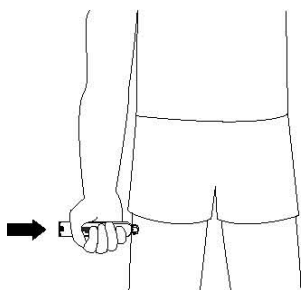
Parent/Guardian Signature: _____ Phone: _____ Date: _____

EpiPEN® Auto-Injector and EpiPEN 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

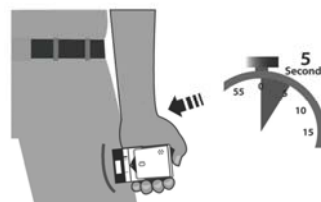
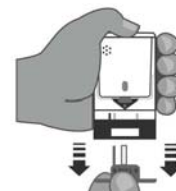


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Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

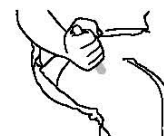
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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2".

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



ADRENACLICK®
(epinephrine injection, USP) auto-injector
Available as 0.15 mg 0.3 mg

A food 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 Food Allergy Action Plan.

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

Contacts

Call 911 (Rescue squad: _____) Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

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Children's ★ Physician
★ ★ Network ★ ★

An affiliate of Children's Hospitals and Clinics of Minnesota

www.clinics4kids.org

Adapted from the Food Allergy &
Anaphylaxis Network (FAAN) Action Plan
www.foodallergy.org