



Severe Allergic Reaction or Anaphylaxis Emergency Action Plan

Student: _____ DOB: _____ Grade: _____

Allergy: _____ Reaction: _____ Severity: _____

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

☐ 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

MILD SYMPTOMS

SKIN: a few hives, mild itch

NOSE: mild itchy and/or runny nose, sneezing

GI: mild nausea, discomfort, single vomit

STAY with student, give antihistamine (if ordered below)

IF TWO or more mild symptoms are present or if symptoms progress: GIVE EPINEPHRINE and follow below

when in doubt, give epinephrine

SEVERE SYMPTOMS (or two or more mild symptoms present, or if symptoms progress)

RESPIRATORY: shortness of breath

MOUTH: visible swelling of tongue

THROAT: tight, hoarse, trouble swallowing (very itchy)

SKIN: many, widespread hives, widespread color change (red/purple/gray color)

CARDIAC: faint, weak pulse, dizzy, pale, blue/gray skin, lips, nails

GI: vomiting/diarrhea

OTHER: impending sense of doom, confused/agitated

GIVE EPINEPHRINE, notate time it was given, CALL 911, stay with student

Lay student on their back with legs elevated (if throwing up or if laying flat increases respiratory symptoms it is OK for them to sit or lay on their side). Do not let student stand or walk.

GIVE asthma quick relief medication (if ordered below)

MEDICATIONS

Epinephrine Auto-injector:

☐ 0.15mg ☐ 0.3mg

(inject into outer thigh)

Epinephrine Nasal Spray:

☐ 1mg ☐ 2mg

(1 spray to nostril)

Antihistamine*:

☐ Cetirizine (Zyrtec): _____ mg (_____ mL) by mouth once as needed for mild symptoms of allergic reaction, or can be given AFTER Epinephrine for severe allergic reaction

☐ Diphenhydramine (Benadryl): _____ mg (_____ mL) by mouth once as needed for mild symptoms of allergic reaction, or can be given AFTER Epinephrine for severe allergic reaction

☐ Other: _____

***use Epinephrine FIRST for severe symptoms**

Asthma Quick Relief/Rescue Inhaler:

☐ Albuterol HFA: _____ puffs inhaled once for respiratory symptoms related to allergic reaction

☐ Other inhaled asthma medication: _____

Albuterol Nebulized Solution:

☐ 1.25mg/3mL vial

☐ 2.5mg/3mL vial

inhaled via nebulizer once for respiratory symptoms related to allergic reaction

Physician Name/Number: _____

Physician Signature _____

EMERGENCY CONTACTS

Parent/Guardian: _____ Preferred Number: _____

Parent/Guardian: _____ Preferred Number: _____

HEALTHCARE PROVIDER

☐ YES ☐ NO Student has been instructed in the proper way to administer their emergency medication. It is in my professional opinion that he/she be allowed to carry prescribed epinephrine delivery device and self-administer as directed for severe allergic reaction/anaphylaxis. It is advised that student have an additional prescribed device available in the nurse's clinic.



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Physician name and phone number: _____ Physician Signature: _____

PARENT/GUARDIAN

☐ YES ☐ NO I give permission for the medicine(s) listed above to be administered by the nurse or other school staff as appropriate.

☐ YES ☐ NO I request that the above-named student be allowed to carry his/her prescription labeled epinephrine delivery device prescribed above. I accept the legal responsibility should the above Epinephrine delivery device be lost, given, or taken by a person other than the student for whom it was prescribed. If this should happen, the privilege of carrying the Epinephrine delivery device may be revoked. I understand that JISD has no legal responsibility when the above-named student administers his/her own medication.

☐ YES ☐ NO I consent to communication between the prescribing health care provider or clinic and the school nurse necessary for asthma management and administration of this medicine.

**Notice of Parent and Student Rights Under Section 504: Based on information provided on this Emergency Action Plan, your child may be eligible for Section 504 consideration. If you have any questions about Section 504 eligibility or the evaluation process, please contact the 504 Coordinator at your child's campus. Signature on this form indicates receipt of rights.*

Parent/Guardian Name/Number: _____ Parent/Guardian Signature: _____

School Nurse

☐ YES ☐ NO The student has demonstrated the skills to carry and self-administer their quick-relief Epinephrine delivery device, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Signature _____ Date _____

EPIPEN (EPINEPHRINE) AUTO-INJECTOR:

1. Remove the EpiPen Auto-Injector from the carrying case
2. Pull off the **blue** safety release cap by pulling straight up without bending or twisting
3. Swing and firmly push **orange** tip against mid-outer thigh until you hear a "click"
4. Hold firmly in place for 3 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 3 seconds (follow device prompts)
5. Remove from thigh

ADRENALINE/ADRENALINE GENERIC:

1. Remove the outer case
2. Remove **gray** caps
3. Place red rounded tip against mid-outer thigh
4. Press down hard until needle enters thigh
5. Hold firmly in place for 3 seconds. Remove from thigh

NEFFY EPINEPHRINE NASAL SPRAY DIRECTIONS:

1. Remove neffy from the package. DO NOT TEST PUMP THE DEVICE
2. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.
3. Insert the nozzle into a nostril until your fingers touch the nose. Keep the nozzle straight into the nose pointed toward the forehead.
4. Press plunger firmly until it snaps up and sprays liquid into the nostril.
5. If a second dose is needed, spray into the SAME nostril.