ELIZABETHTOWN AREA SCHOOL DISTRICT

Allergy/Anaphylaxis Medication Authorization and Emergency Action Plan

Name: _____ D.O.B. _____ Grade: ___ HR: _____

Allergy: _____Weight: _____ pounds

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

In case of an emergency, contact in order:

1. Name: _____ Ph: _____ Ph: _____ Relationship: _____

2. Name: _____ Ph: _____ Ph: _____ Relationship: _____

Describe location of epinephrine during school day (ex: front pocket of backpack): _____

Emergency Action Plan (EAP)

1. **FOR ANY ONE OF THE FOLLOWING SEVERE SYMPTOMS, *USE EPINEPHRINE IMMEDIATELY*.**

LUNG: Shortness of breath, wheezing, repetitive cough
HEART: Pale or bluish skin, faintness, weak pulse, dizziness
THROAT: Tight or hoarse throat, trouble breathing/swallowing
OTHER: Feeling something bad is coming, anxiety, confusion
SKIN: Many hives, widespread redness
GUT: Repetitive vomiting, severe diarrhea
MOUTH: Significant swelling of the tongue or lips

2. **MILD SYMPTOMS:**

NOSE: Itchy or runny nose, sneezing
MOUTH: Itchy mouth
SKIN: A few hives, mild itch
GUT: Mild nausea or discomfort

***FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, *GIVE EPINEPHRINE*.**
***FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA,**

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

- Call 911 if epinephrine is administered. Tell emergency dispatcher person is having anaphylaxis.
- Consider giving additional medications following epinephrine, if ordered.
- Lay person flat, raise legs and keep warm. If having difficulty breathing or vomiting, allow to sit up/lie on side.
- Alert emergency contacts.
- If hives develop without symptoms from another body system, consult parents about staying in school versus pick-up and medical follow-up.

Medication(s) at School for the duration of school year

1. **Administer epinephrine PRN for anaphylaxis.** If symptoms do not improve or if they return, may give another dose of epinephrine about 5 minutes after the last dose.

☐ **One autoinjector** ☐ **0.15mg IM** ☐ **0.3mg IM into anterolateral thigh, through clothing if necessary**
☐ **One nasal spray** ☐ **1mg** ☐ **2mg one spray in nostril**

2. Name: _____ Dose/Route: _____ Time: _____for duration of school year.

3. Name: _____ Dose/Route: _____ Time: _____for duration of school year.

Self-Administration/Consent to Carry

Epinephrine Use: This student was taught how to administer his/her epinephrine and demonstrates the capability for self-administration and for responsible behavior in the use of his/her medication. He/she has permission to carry and self-administer his/her epinephrine as prescribed, when needed. The student shall notify the nurse or designee immediately. If the student abuses or ignores the school policies, the medication may be confiscated and the privilege to carry the medication may be removed. ☐ YES ☐ NO

Healthcare Provider's Signature (MD, DO, NP, PA)	Printed Name	Date

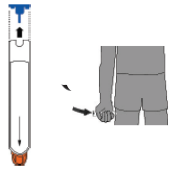
*Signing verifies that the above EAP has been prescribed by you, the child's healthcare provider, and should be carried out by the school he/she attends.

Signature of Parent/Guardian	Printed Name	Date

*Signing verifies that you, the parent/guardian, give permission for the school staff to carry out the administration of the above-prescribed plan in your absence and relieve the Board and its employees of responsibility for the benefits or consequences for such medication and its administration.

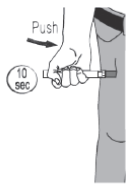
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) or GENERIC AUTO-INJECTOR, MYLAN

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.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it "clicks."
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



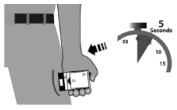
HOW TO USE EPINEPHRINE INJECTION (GENERIC OF ADRENACLICK®) AUTO-INJECTOR

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



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

1. Remove Auvi-Q from the outer case. Pull off red safety guard. Place black end of Auvi-Q against the middle of the outer thigh.
2. Press firmly, and hold in place 5 seconds. Call 911 and get emergency medical help right away.



HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.
2. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
3. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given.



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.