



St. Andrew's School

350 Noxontown Road
Middletown, Delaware 19709-8512
302-285-4240 Fax 302-378-8512
healthcenter@standrews-de.org

For Academic Year 20__-20__

ANAPHYLAXIS EMERGENCY ACTION PLAN

STUDENT NAME: _____ AGE: _____

ALLERGY TO: _____

ASTHMA: ☐ YES (high risk for severe reaction) ☐ NO

Other health problems besides anaphylaxis: _____

Current medications, if any: _____

Wear medical identification jewelry that identifies the anaphylaxis potential and the food allergen triggers.

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

- MOUTH—itching, swelling of lips and/or tongue
- THROAT*—itching, tightness/closure, hoarseness
- SKIN—itching, hives, redness, swelling
- GUT—vomiting, diarrhea, cramps
- LUNG*—shortness of breath, cough, wheeze
- HEART*—weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

* Some symptoms can be life-threatening! **ACT FAST!**

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING (check one):

- | | |
|--|--|
| ☐ Adrenaclick (0.15 mg) | ☐ EpiPen Jr (0.15 mg) |
| ☐ Adrenaclick (0.30 mg) | ☐ EpiPen (0.30 mg) |

* Note: Patients should be allowed to self-carry and self-administer epinephrine; medications shown in alpha order; make sure a doctor has provided a prescription for the right medication for this patient, that it is current/not expired; and always keep this medication within reach of the patient.

Other medication/dose/route: _____

IMPORTANT: Asthma inhalers and/or antihistamines can't be depended on in anaphylaxis!

2. CALL 9-1-1 or RESCUE SQUAD (before calling contacts)!

3. EMERGENCY CONTACTS

#1 home _____	work _____	cell _____
#2 home _____	work _____	cell _____
#3 home _____	work _____	cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS:

➡ **X** _____
DOCTOR'S SIGNATURE/DATE

➡ **X** _____
PARENT'S SIGNATURE/DATE

➡ **X** _____
STUDENT'S SIGNATURE/DATE