# Epinephrine Auto Injector Self-Administration Authorization Packet for Anaphylaxis

(A new packet must be completed yearly)

Packet Contents:

1. Anaphylaxis Medication Self-Administration Form (requires physician and parent/guardian signature)
2. Anaphylaxis Student Skills Checklist
3. Severe Allergy Action Plan (requires physician and parent/guardian signature)
4. Missouri Revised Statutes – August 2016

Revised May, 2017

## EPINEPHRINE AUTO INJECTOR SELF-ADMINISTRATION FORM

Student Name: _____ Grade: _____ School Year: _____

*The Missouri Safe Schools Act of 1996 provides for students to carry and self-administer life-saving medications when the following criteria are met:*

*(1) A licensed physician prescribed or ordered the medication for use by the child and instructed such child in the correct and responsible use of the medication.*

*(2) The child has demonstrated to the child's licensed physician or the licensed physician's designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.*

*(3) The child's physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episodes of the child and for medication for use by the child. Such plan shall include a statement that the child is capable of self-administering the medication under the treatment plan.*

*(4) The child's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required in (3) above and the liability statement required in (5) below.*

*(5) The child's parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the child or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence. (Missouri Revised Statute; Chapter 167; Pupils and Special Services; Section 167.627.1; 08-28-2016).*

MEDICATION NAME_____Dose_____Time or Interval_____
Route/Inhalation device_____ Instructions_____

MEDICATION NAME _____Dose_____Time or Interval_____
Route/Inhalation device_____ Instructions_____
ALLERGIES: List known allergies to medications, foods, or air-borne substances _____
_____

I, THE PARENT OR LEGAL GUARDIAN OF THE STUDENT LISTED ABOVE, GIVE PERMISSION FOR THIS CHILD TO CARRY AND SELF-ADMINISTER THE ABOVE LISTED MEDICATIONS. I HAVE INSTRUCTED MY CHILD TO NOTIFY THE SCHOOL STAFF ANYTIME THIS DEVICE IS USED. I UNDERSTAND THAT, ABSENT ANY NEGLIGENCE, THE SCHOOL SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF MEDICATION BY MY CHILD.

SIGNATURE OF PARENT OR LEGAL GUARDIAN_____DATE_____
PARENT/GUARDIAN:
NAME: _____HOME PHONE: _____
ADDRESS: _____ WORK AND CELL PHONES: _____
NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK AND CELL PHONES: _____
EMERGENCY CONTACT:
NAME: _____ PHONE #'S: _____

I, A LICENSED PHYSICIAN OR NURSE PRACTITIONER, CERTIFY THAT THIS CHILD HAS A MEDICAL HISTORY OF SEVERE ALLERGIC REACTIONS, HAS BEEN TRAINED IN THE USE OF THE LISTED MEDICATION, AND IS JUDGED TO BE CAPABLE OF CARRYING AND SELF-ADMINISTERING THE LISTED MEDICATIONS(S). THE CHILD SHOULD NOTIFY SCHOOL STAFF ANYTIME THE MEDICATION/INJECTOR IS USED. THIS CHILD UNDERSTANDS THE HAZARDS OF SHARING MEDICATIONS WITH OTHERS AND HAS AGREED TO REFRAIN FROM THIS PRACTICE.

SIGNATURE OF HEALTH CARE PROVIDER _____ DATE _____

NAME OF HEALTH CARE PROVIDER _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ ZIP: _____

# FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [ ] **Yes (higher risk for a severe reaction)** [ ] **No**

**PLACE PICTURE HERE**

**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.

FOR **ANY** OF THE FOLLOWING:

## **SEVERE** SYMPTOMS

**LUNG**
Shortness of breath, wheezing, repetitive cough

**HEART**
Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT**
Tight or hoarse throat, trouble breathing or swallowing

**MOUTH**
Significant swelling of the tongue or lips

**SKIN**
Many hives over body, widespread redness

**GUT**
Repetitive vomiting, severe diarrhea

**OTHER**
Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## **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, FOLLOW THE DIRECTIONS BELOW:

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

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

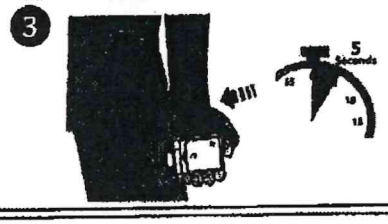
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017

# FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

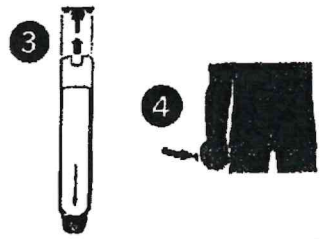
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



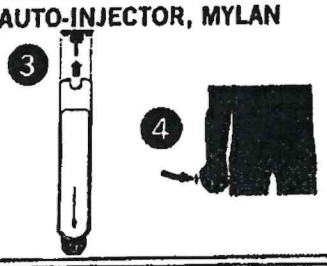

## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

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).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



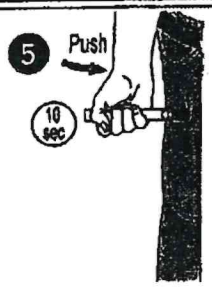

## HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine 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).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.




## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

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




## 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.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

## EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

## OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017

**Epi-Pen/Adrenaclick/Auvi-Q Student Skills Checklist**

Student _____ Age _____ Grade/Team _____

School Nurse Signature _____ Date _____

**EpiPen and Epipen Jr Trainer Skills Checklist:**

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.
6. Remove and massage the injection area for 10 seconds.
7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision _____ Performs Independently

**Generic Epinephrine Trainer Skills Checklist:**

1. Remove the epinephrine 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; then remove.
6. Remove and massage the injection area for 10 seconds.
7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision _____ Performs independently

**IMPAX Epinephrine (generic Adrenaclick) Trainer Skills Checklist:**

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Pull off both blue end caps; you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put Red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for 10 seconds, then remove.
6. Verbalize that you will tell the school nurse whenever you use the impax. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision _____ Performs Independently

**Auvi-Q Trainer Skills Checklist:**

1. Remove auvi-q from the outer case. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end of auvi-q against the middle of the outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.
6. Verbalize that you will tell the school nurse whenever you use Auvi-Q. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision _____ Performs Independently

Updated May, 2017