

ALLERGY ACTION PLAN

EMERGENCY CARE PLAN

PLACE
STUDENT'S
PICTURE
HERE

NAME _____ D.O.B. ____/____/____

ALLERGY TO _____

WEIGHT _____ lbs ASTHMA YES (higher risk for a severe reaction) NO

Extremely reactive to the following _____
THEREFORE:
 If checked, give epinephrine immediately for ANY symptoms if there is *likely* allergen exposure or ingestion.
 If checked, give epinephrine immediately if there was *definite* allergen exposure or ingestion, even if no symptoms noted.

Any **SEVERE SYMPTOMS** after suspected or known exposure/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 or lips)
SKIN: Many hives over body

Or **COMBINATION** of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
-Antihistamines
-Inhalers

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a 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 professional and parent.
3. If symptoms progress (see above) USE EPINEPHRINE
4. Begin monitoring (see box below)

MEDICATIONS/DOSES:
Epinephrine (Brand & Dose) _____
Antihistamine (Brand & Dose) _____
Other (e.g., inhaler/bronchodilator if asthmatic) _____

MONITORING:
Stay with student, alert health care professional and parent. Tell rescue squad Epinephrine was given: request ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

PARENT/GUARDIAN SIGNATURE DATE PHYSICIAN/HEALTHCARE PROVIDER SIGNATURE DATE

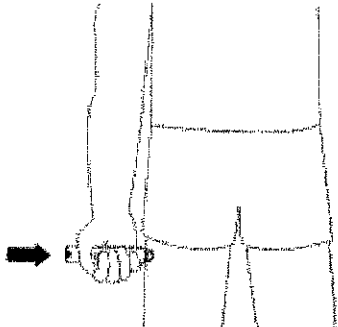
TURN FORM OVER

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) 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 EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

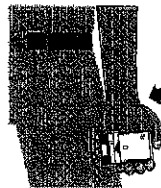
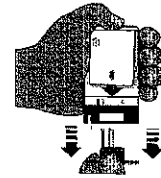


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

Auvi-Q™ (epinephrine injection, USP) 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.

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: () -
Name/Relationship: Phone: () -