

# Severe Allergy Action Plan • Emergency Care Plan

Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Grade \_\_\_\_\_

Date of birth \_\_\_\_\_

Allergy to \_\_\_\_\_ Reaction \_\_\_\_\_

Weight \_\_\_\_\_ lbs. Asthma:  Yes (*higher risk for a severe reaction*)  No



Photo of Student

**Extremely reactive to the following foods:** \_\_\_\_\_

- Therefore:**  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.

Any **severe symptoms** after suspected or known exposure:

**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 and/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:\*

- Antihistamine
- Inhaler (*bronchodilator*) if asthma

\* *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 professionals and parent

3. If symptoms progress (*see above*), **use Epinephrine**

4. Begin monitoring (*see box below*)

## Medications/Doses

Epinephrine (*brand and dose*): \_\_\_\_\_

Antihistamine (*brand and dose*): \_\_\_\_\_

Other (*e.g., inhaler-bronchodilator if asthmatic*): \_\_\_\_\_

## Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given five (5) minutes or more 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.

**This student has been instructed and has good understanding of the clinical indications to administer the medication listed to the left on this page.**

**This student has been instructed and is capable of administering this medication in the event of an allergic reaction.**

Yes  No

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Healthcare provider signature

\_\_\_\_\_  
Date

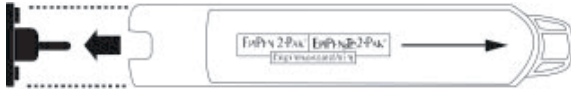
\_\_\_\_\_  
School nurse

\_\_\_\_\_  
Date

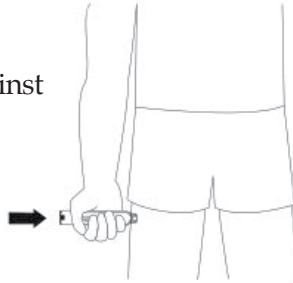
## EpiPen® (epinephrine) Auto-Injector

### 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.



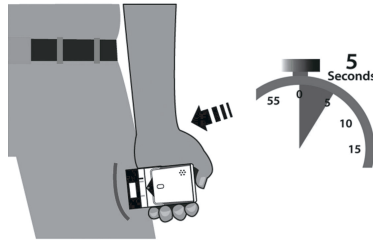
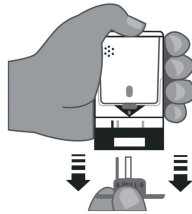
**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg

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

## 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 five (5) seconds.



**Auvi-Q™**  
epinephrine injection, USP  
0.15 mg/0.3 mg auto-injectors

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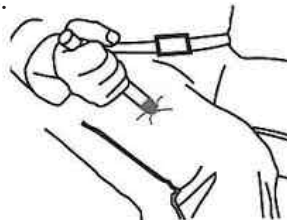
## Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg

### 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.



## Contacts

### Doctor

\_\_\_\_\_  
*Doctor's name*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Doctor's phone number*

### Parent/Guardian

\_\_\_\_\_  
*Parent's/Guardian's name*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Parent's/Guardian's phone number*

\_\_\_\_\_  
*Parent's/Guardian's name*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Parent's/Guardian's phone number*

### Other Emergency Contacts

\_\_\_\_\_  
*Name of contact*

\_\_\_\_\_  
*Relationship to student*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Contact's phone number*

\_\_\_\_\_  
*Name of contact*

\_\_\_\_\_  
*Relationship to student*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Contact's phone number*

\_\_\_\_\_  
*Name of contact*

\_\_\_\_\_  
*Relationship to student*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Contact's phone number*