CONROE
INDEPENDENT SCHOOL DISTRICT
Committed to Excellence

Severe Allergy Action Plan • Emergency Care Plan

Photo of Student

Name _____

Student ID# _____ Grade _____

Date of birth _____

Allergy to _____ Reaction _____

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

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Extremely reactive to the following: _____

Therefore: ☐ If checked, give epinephrine immediately for **any** symptoms if exposure to the allergen was likely.

☐ If checked, give epinephrine immediately if there was definite exposure to the allergen, 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.

Student must also have a Medication Self-Carry form completed and signed by the healthcare provider, parent/guardian, and school nurse BEFORE student is able to carry and self-administer this/these emergency medications.

_____   _____
Parent/Guardian signature   *Date*

_____   _____
*Physician/Healthcare provider signature*   *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.
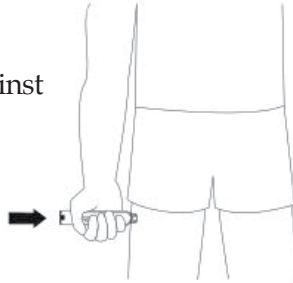
EPIPEN 2·PAK® EPIPENJr 2·PAK®
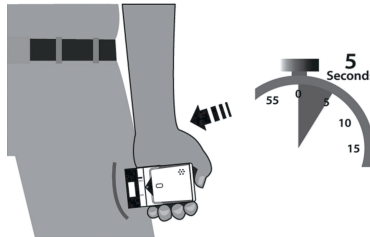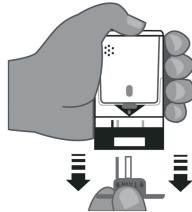(Epinephrine) Auto-Injectors 0.3/0.15mg

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-QTM *(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
© 2002-2013 sanofi-aventis
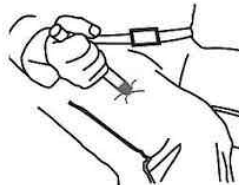U.S. LLC. All rights reserved.

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.

For safety, epinephrine auto-injector training devices should be stored in a separate location than the medication filled device.

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

_____