

INDIVIDUALIZED LIFE THREATENING ALLERGY EMERGENCY ACTION PLAN

Student's Name: _____ **DOB:** _____ **Grade:** _____

ALLERGY TO _____

ASTHMATIC Yes * _____ NO _____ *High risk for severe reaction



SIGNS OF AN ALLERGIC REACTION

(Highlight or circle symptoms appropriate to child)

Systems:

- Mouth
- Throat *
- Skin
- Lung *
- Heart *
- Gut

Symptoms:

- Itching, tingling or swelling of the lips, tongue, or mouth
- Itching and/or tightening of throat, hoarseness, hacking cough
- Hives, itchy rash, swelling about the face or extremities
- Shortness of breath, repetitive coughing, wheezing
- Weak or thready pulse, low blood pressure, fainting, paleness, blueness
- Nausea, vomiting, abdominal cramps, diarrhea

***Potentially Life Threatening. The severity of symptoms can quickly change.**

◀STEP 1: TREATMENT▶

Epinephrine: inject intramuscularly (check one) _____ **0.3mg EpiPen®** _____ **0.15mg EpiPen Junior®**
(see reverse side for directions)

_____ **0.3mg Twinject®** _____ **0.15mg Twinject®**
Antihistamine: give **Benadryl** _____ by mouth immediately.
Dosage

◀STEP 2: EMERGENCY CALLS▶

Call Emergency Medical Services: 9-1-1 immediately

Call School Nurse if not present.

Call Parent/Guardian _____
(Name) (Home) (Work) (Cell)

Call Parent/Guardian _____
(Name) (Home) (Work) (Cell)

or emergency contacts (listed on reverse side of this form)

Possible side effects of Epinephrine: Palpitations, tachycardia (rapid heartbeat), sweating, nausea, vomiting, breathing difficulties, pale skin color, dizziness, weakness, tremor, headache, anxiety, apprehension and nervousness.

Stay with child until emergency help arrives – position child on left side.

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL SERVICES, EVEN IF PARENTS CANNOT BE REACHED!

Physician Signature: _____ **Date:** _____

All students must be transported to the hospital by Emergency Medical Services (EMS) after receiving Epinephrine.

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

TRAINED STAFF MEMBERS

Name _____ RM _____

Name _____ RM _____

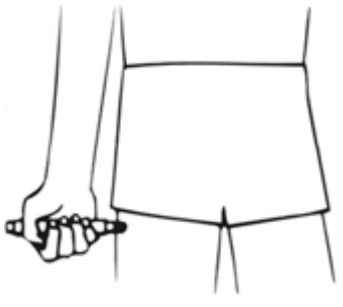
Name _____ RM _____

EpiPen® and EpiPen® Jr. Directions

⌚ Pull off gray activation cap.



⌚ Hold black tip near outer thigh (Always apply to thigh).



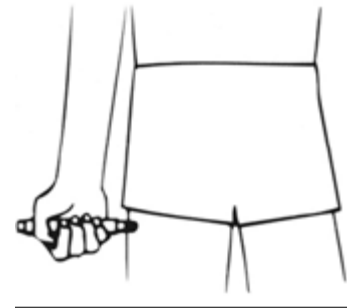
⌚ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

⌚ Remove caps labeled "1" and "2."



⌚ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove.



I give permission for my son/daughter to self-administer their EpiPen® as prescribed by his/her physician.
_____ Yes _____ No

I give permission for the school nurse (or appropriately trained school personnel) to administer EpiPen® and share information as deemed necessary for my child's health and safety.

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

EpiPen Location(s): _____ **Expiration Date(s)** _____
