

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: | Symptoms: |
| • Mouth | Itching, tingling or swelling of the lips, tongue, or mouth |
| • Throat * | Itching and/or tightening of throat, hoarseness, hacking cough |
| • Skin | Hives, itchy rash, swelling about the face or extremities |
| • Lung * | Shortness of breath, repetitive coughing, wheezing |
| • Heart * | Weak or thready pulse, low blood pressure, fainting, pallor, cyanosis (bluish-grey coloration) |
| • Gut | 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 (mg)

◀STEP 2: EMERGENCY CALLS▶

Call Emergency Medical Services: 9-1-1 immediately

Call School Nurse if not present.

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

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

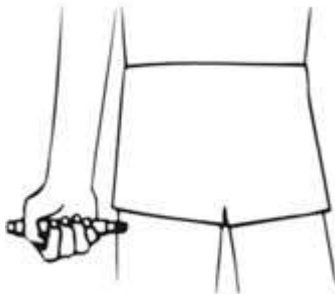
Name _____ RM _____
Name _____ RM _____
Name _____ RM _____

**EpiPen® and EpiPen® Jr.
Directions:**

- ⌚ Pull off blue/grey activation cap.



- ⌚ Hold orange/black tip near outer thigh (Always apply to thigh mid way between the knee and hip).



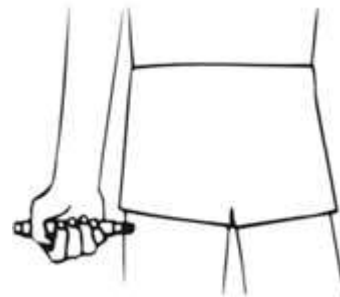
- ⌚ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**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.
_____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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

