

LIFE THREATENING ALLERGY EMERGENCY ACTION PLAN

Student's Name: _____ DOB: _____ GRADE: _____

ALLERGY TO: _____

ASTHMATIC Yes _____ NO _____

Has your child ever had a reaction and received Epinephrine Yes _____ No _____

Date of last anaphylactic reaction _____

SIGNS OF AN ALLERGIC REACTION - Please circle or highlight all the symptoms that may apply to your child

Place
Child's
Picture
Here

Systems:

- Mouth* Itching tingling swelling of the lips, tongue, or mouth
- Throat * Itching 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 paleness blueness
- Gut Nausea vomiting abdominal cramps diarrhea

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

DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATION AND CALL EMERGENCY MEDICAL SERVICES

STEP 1: TREATMENT

Epinephrine: inject intramuscularly (check one) _____ **0.3mg EpiPen®** _____ **0.15mg EpiPen Junior®**
(See PAGE2 for directions)

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

STEP 2: EMERGENCY CALLS

Call Emergency Medical Services: **9-1-1 immediately**

Call School Nurse and office for assistance- (notification of parents, direct EMS to location)

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

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

Call: Emergency contact _____
(Name) (Home) (Work) (Cell)

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

STEP 3: Stay with child until emergency help arrives – position child on left side.

Physician Signature: _____ Date: _____

Physician Phone Number: _____

If Epinephrine is administered EMS MUST BE CALLED. All students should be transported to the hospital by Emergency Medical Services (EMS) after receiving Epinephrine.

Student's Name: _____

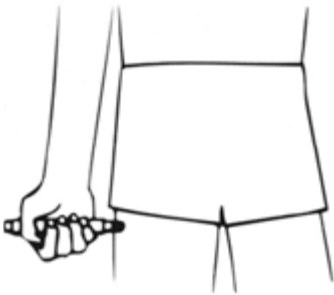
EpiPen® and EpiPen® Jr.

Directions

1. Pull off gray activation cap.



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



3. 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.

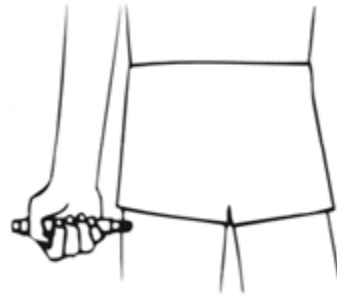
Twinject® 0.3 mg and Twinject® 0.15 mg

Directions

1. Remove caps labeled "1" and "2."



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



I have provided written permission for my son/daughter to self-administer their EpiPen as prescribed by his/her physician.

____ Yes ____ No

Signed physician order for self-administration is on file at school.

____ Yes ____ No

Student has demonstrated to school nurse that he/she has knowledge and skill to self-administer medication

____ Yes ____ No

An answer of "yes" is required to all three questions for a student to be allowed to carry and self-administer Epi at school.

I give permission for the school nurse and appropriately trained school personnel to administer EpiPen and share information as deemed necessary for my child's health and safety. (This may include written notification to parents and students that a child in their child's class has a life threatening allergy- the name of the child will not be disclosed.)

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Epi-Pen Location(s): _____

Expiration Date(s): _____

It is recommended by the Allergy and Asthma Foundation and the American Academy of Pediatrics that all students who have an Epi- Pen at school have two pens at school for emergency treatment.