**Allergy Action Plan**

**Emergency Care Plan**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1st contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2nd contact number: \_\_\_\_\_\_\_\_\_\_\_\_

Allergy to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma: Yes No \*(Asthmatics have higher risk for a severe reaction)

* If checked, Epinephrine is to be given immediately for ANY symptoms.
* If checked, Epinephrine is to be given immediately for SEVERE symptoms
* If checked, Antihistamine is to be given first and then watch student for need of Epinephrine.

1. **Inject Epinephrine Immediately**
2. Call 911
3. Begin monitoring (see below)
4. Give additional medications:
	1. Antihistamine (e.g. Benadryl)
	2. Inhaler if asthmatic

\*Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE!

Any **SEVERE SYMPTOMS** after suspected or known ingestion:

**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. **GIVE ANTIHISTAMINE (BENADRYL)**
2. Stay with student: alert parent
3. If symptoms progress, USE EPINEPHRINE, follow above
4. Begin monitoring ( see below)

**MILD SYMPTOMS ONLY:**

MOUTH: Itchy mouth

SKIN: A few hives, mild itchy

GUT: Mild nausea/discomfort

**Medications/Doses**

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

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

Other (e.g. inhaler): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Administration of Epinephrine:**

* If checked, this student is capable to safely and properly self-administer this medication and to carry on him/herself. Please complete check list on back.
* If checked, this student is not approved to self-administer this medication.

Healthcare Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

**Monitoring: Stay with student; alert parent.** If epinephrine was given; call 911 unless parents indicate otherwise. A second dose of epinephrine can be given 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.

**Auvi-Q 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 5 seconds.





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**EpiPen (epinephrine) Auto-Injector Directions**

* First, remove the EpiPen 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 and massage the area for 10 more seconds.



EpiPen; EpiPen 2 Pak; and EpiPen Jr are registered trademarks of Mylan Inc. licensed exclusively to its wholly owned subsidiary, Mylan Specialty LP.

**Adrenaclick 0.3mg and Adreanaclick 0.15mg 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.

**Epinephrine Self-Administration by Student**

To self-medicate, the student must be able to:

\_\_\_\_\_ 1. Respond to and visually recognize his/her name.

\_\_\_\_\_ 2. Identify his/her medication.

\_\_\_\_\_ 3. Demonstrate the proper technique for self-administrating his/her medication.

\_\_\_\_\_ 4. Demonstrate cooperative attitude in all aspects of self-administration of medication.

\_\_\_\_\_ 5. Report to the nurse after administering medication.

As the parent/guardian, I relieve the School District and its employees of any responsibilities for the benefits or consequences of the above medication when it is physician prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the medication and loss of privilege to self-administer if the medication policy is violated.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be solely responsible for my epinephrine auto injector and to follow the directions for its use as ordered by my physician, as well as the district’s medication policy. I am aware that any abuse of this privilege will result in the confiscation of my medication.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student has demonstrated the ability to self-administer the physician prescribed anaphylaxis medication, as indicated by the criteria listed above.

Certified School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_